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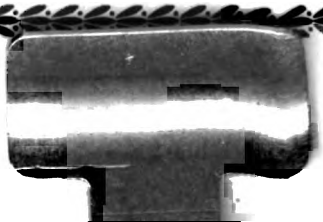

Table of Contents.

A Remedy in Nervous Disorders when Characterized by Melancholia. —Mode of Exhibition.—

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

* * * * * *

"As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

We may add, that the best vehicles, in our experience, for the exhibition of antikamnia are Simple Elixir, Adjuvant Elixir or Aromatic Elixir, as also brandy, wine or whiskey. It can also be readily given in cachets or capsules, but preferably tablets, as well as dry on the tongue in powder form, followed by a swallow of water. When dispensed in cachets or capsules it should be put into them dry. Antikamnia tablets should be crushed when very prompt effect is desired and patients should always be so instructed. The conditions of the stomach frequently present unfavorable solvent influences and they can be thus overcome.

—*Notes New Pharm. Products.*

In Pneumonia where there is Restlessness.

℞ Antikamnia (Genuine)..... 3 ij
Tinct. Digitalis..... 3 iss
Syrup Doveri..... 3 iij
Mx. Sig.:—Teaspoonful every 3 to 6 hours.

In Painful Dysmenorrhœa.

℞ Antikamnia (Genuine)..... 3 j
Brom. Potass..... 3 ij
Elix. Aurantii..... 3 ij
Mx. Sig.:—One or two teaspoonfuls every hour in water.—*Dunglison's Clinical Record.*

PRACTICAL
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Original Communications.

Premonitory Signs of Disease.

J. EDMUND BROWN, M.D., Providence, R. I.

WHEN the baby sleeps well, wakes up bright, nurses or eats with a relish, is ready to be amused and amuses itself with the simplest trifle; when it presents a rosy appearance, increases in size, gains steadily in weight, and all the various functions are being performed naturally, then is the mother happy for she knows that her infant is healthy. But a change comes over the babe. It moans in its sleep; its appetite is impaired; it is fretful and doesn't care to be amused, and the fond mother is anxious for its welfare. Are these signs of illness unimportant, the index of some simple, fleeting malady, or do they forebode the onset of some serious disease? This is the question which in many cases presents itself to the mother. It is not the purpose of this article to give instruction in diagnosis but rather to aid the mother in forming an intelligent estimate of the child's condition in the first stage of a disease and, when necessary, medical advice should be summoned at the earliest moment.

Loss of appetite is one of the first and most common symptoms of disease. It is, indeed, almost always present whenever the health of the child is disturbed. And yet, alone, it is not an important symptom: it may indicate some trifling disturbance of the digestive organs or it may be due to the presence of a very serious ailment. It is well that we do not have to depend wholly on this symptom in the diagnosis of diseases, for when it is present in acute maladies it is always accompanied by other more distinctive signs. When the appetite is impaired but not entirely lost, when the child picks and minces its food, eating little, the advice of the family physician should be sought, for this condition indicates the presence of constitutional trouble requiring medical treatment.

Fretfulness is another very common symptom of disease, but it does not point to any particular ailment and should not be regarded with undue anxiety. When it is accompanied by an indisposition to play, and especially when the child takes no interest in what is going on in the room, the indications are much more grave.

Much may be gained by observing the

features, condition of the skin, posture and movements of the child. The eyes present a peculiar luster when the temperature is high; the pupils are widely dilated when the nervous system is profoundly disturbed; they are contracted in opium poisoning; the inner surfaces of the eyelids are red and inflamed in the first stage of measles, and a puffiness of the lower lids denotes some derangement of the kidneys. On the first indication of soreness of the eyes of a new-born babe the physician should be called. Expansion of the wings of the nose during inspiration indicates some trouble with the breathing apparatus, usually pneumonia. If the child sleeps with its mouth open there is in all probability some catarrhal condition of the nasal passages, preventing free ingress of air. Mouth-breathing, though not an indication of the approach of serious disease, furnishes sufficient cause for consulting the doctor. If the tongue is coated white or dotted with white, or if small painful ulcers are discovered on its edges or under surface there is some disturbance of the digestive function. A swelling without redness of the skin just below one or both ears is the sign of mumps, and irregular twitchings of muscles of the face indicate chorea, both comparatively harmless diseases. The presence of hard, though movable lumps under the lower jaw, due to enlargement of the cervical glands, denotes a constitutional condition that should have intelligent medical treatment. The face is usually flushed in the early stages of an acute disease, but soon becomes pale as exhaustion advances.

A child lies with its lower limbs flexed when it is suffering from colicky or other pains within the abdomen. A position on the side or back with the head bent forcibly backward is assumed by a child afflicted with meningitis.

An infant that cries, is fretful and frequently carries its hand to the side of the head or presses the ear against its mother's breast is most likely suffering from earache. Movement of the head from side to side or boring it into the pillow indicates headache and possibly meningitis. Rubbing the nose is indicative of some irritation in the alimentary tract, from worms or unwholesome food. Violent spasmodic contractions of the limbs and muscles of the head and face, in other words a general convulsion, should always be regarded with concern. It may be a sign of acute indigestion or it may herald the advance of scarlet fever or some other serious disease.

Pain and crying, the former evidenced by the latter in children too young to express their feelings in articulate language, usually go together in diseases of childhood. Crying that is accompanied by an expiratory moan indicates pain in the lungs or pleura due to pneumonia or pleurisy. If the crying is accompanied by restlessness, the child changing its position constantly and turning and twisting its body, the pain is in the abdomen and is most likely due to indigestion or incipient entero-colitis. More rarely it will be due to obstruction of the bowel or approaching appendicitis. In pleurisy, on the other hand, the child lies quietly, any movement increasing the pain. Crying on urination may be due to spasm of the bladder. It also calls for inspection of the external organs to exclude inflammations or injuries to those parts. But crying does not always indicate disease; it may be due to thirst or hunger or discomfort in many ways. There is a peculiar, piercing cry in tubercular meningitis, but as it is not heard in the earlier stages of the disease it need not detain us here.

Cough is a symptom usually indicating

some trouble with the organs of respiration; but it may depend on an irritation in the ear, or the liver, or stomach, or it may result from imitation. When persistent it calls for medical treatment. The cough in pertussis, or whooping-cough, occurs in paroxysms ending in a prolonged whoop and is not likely to be misinterpreted by any one who has once seen a well-marked case. The "croupy" cough is also well known and is usually taken as an alarm to send for the doctor.

The character of the respiration is an important symptom in all suspected diseases of the breathing apparatus. If a child of six to twelve months of age breathes more than thirty-five per minute while asleep, and at the same time appears ill in other ways, it is best to send at once for the family physician. It is well to remember that healthy infants of two or three months of age may sometimes breathe as rapidly as sixty or seventy times a minute when *awake*. By placing the ear against the chest of the child one should hear the normal "vesicular murmur." If any rough, piping sounds are heard or if no sound at all is heard the child should be placed under the care of the physician.

The character and frequency of the alvine discharges are unfailing sources of information regarding the condition of the alimentary tract. The evacuations in simple diarrhea remain somewhat consistent throughout the course of the attack, but they are of course, quite thin, often green in color, usually offensive, and may contain whitish specks or lumps which represent the undigested casein of the milk taken as food. If the stools number more than four a day and the child is otherwise unwell the case should have the attention of the physician. In cholera infantum the evacuations are watery and very frequent with rapidly progressing exhaustion.

Vomiting is, in most cases, produced by the presence of indigestible substances in the stomach or it may be due to an overloading of that organ. It is also present in severe diarrhea and cholera infantum. Vomiting without any apparent sickness or indigestion is one of the first signs of tubercular meningitis.

Fever, evidenced by the flushed appearance of the face, the deep redness of the lips, the rapidity of the pulse, dilatation of the pupils and the eagerness with which water is drunk, is a common symptom in diseases of children. The height of the temperature can only be determined by the clinical thermometer, but if the signs indicating fever seem to the mother to be well pronounced she should summon the physician. The urine is high-colored in fever and often diminishes in quantity. When the temperature is high there is usually severe headache, and this headache may be the chief cause of the child's crying.

The skin is subject to a variety of eruptions, but it is impossible to give, in one paragraph, directions sufficient to enable one to pronounce upon their character. If with the eruption there is loss of appetite, restlessness, fever and other general signs of illness it is best to secure the advice of the physician. Excessive perspiration of a sour odor is indicative of acute rheumatism. A jaundiced skin points to disease of the liver, and a dry, rough skin is an index of malnutrition and ill health of a deep-seated character.

Soreness of the throat as indicated by difficulty in swallowing or by actual complaints of the child should receive the attention of the physician at the earliest possible moment.—[This article also appears in Trained Motherhood.]

*Cocaine in Surgery.**

By J. SHELTON HORSLEY, M.D., New York.

Clinical Assistant in Surgery New York Polyclinic Medical School and Hospital.

AMONG the many revolutionary innovations introduced in the domain of surgery during the past few decades, but few have attracted more attention than local anesthesia. And when we consider the numerous and eminently practical uses to which it is applicable, we can readily understand why this is true and why the announcement in September, 1884, that Dr. Karl Koller, then of Vienna, had thoroughly demonstrated that complete anesthesia of the cornea, conjunctiva, or mucous membrane of the tongue, could be obtained by the local application of cocaine, caused such widespread interest in the surgical profession. There are patients who dread general anesthesia as they would dread death, and the discovery that complete abolition of sensation in the parts operated on could be induced without loss of consciousness and without deleterious effects was at once recognized as a great progression in a progressive science.

Though Koller is justly credited with the discovery of cocaine, history repeats itself in this as in all other important discoveries, for the anesthetic property of cocaine and of the leaves of Erythroxylon coca was evidently known before 1884. The leaf of the Erythroxylon coca has been chewed by the natives of South America from the earliest times. The plant was first treated of botanically by Monardes in 1569, and afterwards by Clusius in 1605. The first specimen was sent to Europe by Jussieu in 1750 and was named by him. The alkaloid was called erythroxyline by Gadecke who first discovered it, though Niemann, of Goslar, in 1860 gave it the present name of cocaine.

For cocaine anesthesia of the integument and deeper tissues either hypodermically or by cataphoresis, we are, perhaps, more indebted to Dr. J. Leonard Corning, of New York City, than to all others. The surgical use of cocaine is better understood now than ever before. The danger from its constitutional effects when employed locally was at first underrated and its usefulness overestimated; then the danger was exaggerated, and now it seems the pendulum has settled at a happy medium.

Just here it might be of interest to consider very briefly the rivals of cocaine in the field of local anesthesia. Refrigerants, as sprays of ether, ethyl chloride, etc., are usually difficult of application, followed by pain after the operation and cannot be used with any measure of success except on extremities where the circulation can be controlled. They are sometimes serviceable in opening boils and in other operations on the skin. Eucaine has recently sprung up and is being pushed with all the energy of an enterprising manaufacturing chemist. The chief advantage claimed for it is safety, but this is a much mooted point.

In an article in the N. Y. Medical Times of May, 1897, the conclusion is reached that because an injection of two drachms of a 4 per cent. solution of cocaine produced a fatal result, cocaine is dangerous and should be abandoned! But the maximum dose for hypodermic injection as usually given is one grain, and in this case five grains were injected. It would be equally as reasonable to aban-

* Read before Medical Society of Virginia, at Hot Springs, Va., Sept. 1, 1897.

don the use of common salt because a "dose" of half a pound taken at once would probably kill. Besides, it has been definitely ascertained that eucaine produces local hyperemia, so bringing an excessive amount of blood in the operative field which must be a distinct detraction. Cocaine has just the opposite effect. Recent investigations go to show that eucaine is really the more dangerous of the two drugs, for, while in cocaine poisoning there are premonitory symptoms, eucaine, on the contrary, overwhelms the patient almost at once. As for keeping a solution of cocaine free from fungus, this can be readily done by dissolving it in a saturated solution of boric acid, which will remain sterile indefinitely.

The only real superiority of eucaine over cocaine occurs in ophthalmic work and lies in the fact that while it produces anesthesia on being applied to the conjunctiva, it does not produce mydriasis and disturbance of accommodation as cocaine does. But, in the light of recent investigations by Reclus and by Pouchet, eucaine cannot be said to be superior in any other way to cocaine while in many things it is decidedly inferior, if the latter drug be intelligently used.

In order to test their comparative anesthetic effects, I had five minims of a solution of both drugs injected by Dr. J. C. Anderson, of New York, into corresponding areas of the flexor surfaces of my forearms. From notes taken at the time I find the following items:

A 5 per cent. aqueous solution of eucaine was injected just underneath the skin in the left forearm and an equal amount of a 4 per cent. cocaine solution injected in a similar manner in the right forearm. The eucaine solution produced considerable burning pain which lasted about twenty seconds; there was no pain after the cocaine solution was injected. In a little over one minute from the time the needle entered anesthesia was complete over the eucaine area—in two minutes over the cocaine area, though partial anesthesia existed from the moment of injection. A slight incision of an eighth of an inch was made over each place just through the skin, the incision where the eucaine was injected bleeding much more freely than where cocaine was employed. In thirty minutes sensation over the eucaine area was normal; in thirty-five minutes, over the cocaine area; though anesthesia had been only partial in both places for several minutes previously.

A great many major operations have been performed under cocaine—laparotomies, amputations at the thigh, etc., but in attempting these the personal equation must receive due prominence. Other things being equal, a nervous, timid individual may require general anesthesia for an operation which could be readily performed on a more phlegmatic person under cocaine. Idiosyncrasy for cocaine is a most uncertain factor and until it can be eliminated in each case, the alkaloid should be employed with great caution. A history of its previous use on the same patient is the only thing of value in foretelling this idiosyncrasy as it may occur in any class of patients, the strong and muscular, the weak and nervous, being equally liable. Uusally there need be but little danger if a weak solution or small quantities are employed until the tolerance of the individual be established. Toxic symptoms are marked loquacity, tingling sensations in the extremities, pallor, cold perspiration, shallow respiration, rapid feeble pulse, sometimes vomiting, unconsciousness and convulsions. These, if mild, may resemble the symptoms of slight shock with which cocaine poisoning is frequently confounded.

The treatment of value above all other is morphine. It should be given hypodermically, alone or with atropine, in a dose of gr. ¼. Morphine is by far the best physiological antidote for cocaine we have. The next best are hypodermic injections of strychnia, ether or whisky. The head should be lowered, the body kept warm, and artificial respiration employed if necessary. In fatal cases the respiration fails before the heart.

The methods of using cocaine in surgery may practically be divided into three: (1) By local application; (2) by hypodermic injection; and (3) by the galvanic current.

1. In the local application, we must consider the parts to which the cocaine is applied. Cocaine is not absorbed through the unbroken skin, but from mucous surfaces, the eye, or where the skin is broken. Dropped in the eye, it is very rapidly absorbed; from mucous membranes, more slowly, and from the mucous membrane of the mouth and nares, more rapidly than from that of the urethra. The mucosa of the bladder absorbs this alkaloid very slowly. It is better to apply to a localized area a strong solution of cocaine (10 to 15 per cent.) on a sponge or piece of cotton, than to spray it with a weaker solution (4 per cent.). Granulating wounds absorb cocaine solution very imperfectly if the granulations are intact, more rapidly if they are broken or if the solution is accompanied by pressure. As both of these conditions obtain in using cocaine for passing sounds to keep dilated a stricture of the urethra which has been recently cut, especial care should be taken to use a much weaker (2 per cent.) solution than at the original operation. In cutting strictures of the urethra an 8 per cent. solution should be injected with an ordinary glass syringe and retained by compressing the meatus for five minutes, or a 4 per cent. solution may be held in ten minutes. Within the bladder a large quantity of a strong solution may be safely used if no abrasion already exists in this organ. A fresh wound that is not bleeding absorbs cocaine very rapidly, but if hemorrhage is going on the blood washes away the alkaloid and so prevents it from being taken up by the fluids of the tissues. All surfaces to which cocaine is to be applied should first be cleansed with a boric acid solution, as this not only renders the operative field antiseptic but, by partially filling the lymphatics, prevents in a degree the excessive absorption of the cocaine solution.

2. Hypodermic injections of cocaine must be used most carefully. As a rule a much greater quantity and a much stronger solution of this drug is employed than is necessary. If injected correctly, three minims should enable the operator to make a skin incision of three inches without any pain whatever. A very fine needle, preferably Green's, should be used with a 2 or 4 per cent. solution of hydrochlorate of cocaine in a saturated solution of boric acid. The needle should be inserted just beneath the skin and about half a minim injected, which produces a white, ischemic spot. After waiting a few seconds its direction should be changed so it becomes parallel with the surface operated upon. The needle is now shoved along in the deeper layers of the skin for a half inch and half a minim again injected, shoved another half inch where another half minim is injected. Then the needle may be withdrawn and reinserted at the point of the last injection, and pushed along as before. This should take about one minute and as soon as the hypodermic needle is withdrawn for the last time, the incision should be made without delay. After get-

ting through the skin, which is by far the most sensitive area, Schleich's solution may be used with perfect satisfaction—indeed, the strong solution may be employed as above in entering the skin, only it is essential that the needle be shoved in the substance of the integument, as otherwise the anesthetic effect will not be prompt. This solution is made in three strengths, called, respectively, "strong," "normal," and "weak," and it will be seen that the strong contains in three and a half ounces only three grains of cocaine, and all of them contain morphine which counteracts the toxic effect of cocaine and serves to increase the anesthetic effect. Prof. John A. Wyeth has modified the original Schleich formula, substituting boric acid for carbolic acid, as the latter causes considerable burning for a few seconds after it is injected, although it may be used if preferred.

The formulæ are:

STRONG.

R Cocaine hydrochlorate.....gr. 3
Morphine sulphate.....gr. ⅓
Sodium chloride.....gr. 3
Saturated boric acid solution, ℥ 3½ (or water ℥ 3½, carbolic acid, *m.* 1-10.)

NORMAL.

R Cocaine hydrochlorate. .....gr. 1½
Morphine sulphate.....gr. ⅓
Sodium chloride.....g. 3
Saturated boric acid solution ℥ 3½ (or water, ℥ 3½, carbolic acid, *m.* 1-10.)

WEAK.

R Cocaine hydrochlorate.....gr. 1-6
Morphine sulphate..... ....gr. 1-12
Sodium chloride.....gr. 3
Saturated boric acid solution, ℥ 3½ (or water, ℥ 3½, carbolic acid, *m.* 1-10.)

When this is first injected in the substance of the skin it forms a white anesthetic wheal from the edge of which another injection may be made. Practically the strong and the normal are the only strengths used and will be found particularly safe.

3. By the galvanic current. This method was first attempted in America by Dr. J. Leonard Corning. The method he now uses is as follows: He first perforates the region to be anesthetized with a large number of very fine needles that are released by a spring after the manner of the old-fashioned spring lancet. The needles should be so small that when withdrawn their punctures will be invisible to the naked eye. This perforated area is now covered with several thicknesses of flannel cloth saturated in a 5 per cent. aqueous solution of cocaine hydrochlorate, a layer of potter's clay about the consistence of bread-dough and containing a thin copper sheet is placed on the flannel, and the copper connected by an insulated wire with the positive pole of a galvanic battery. The negative pole should consist of a broad, flat sponge wrung out of warm water and held as near the positive pole as possible without actually touching it. The larger the area to be anesthetized, the stronger should be the current and the longer it should be applied. Weaker currents should be used about the head and face than on other parts of the body. Generally speaking, from three to eight cells may be used, beginning at the smaller number and gradually increasing, and the time of application may be from ten to twenty minutes to obtain complete anesthesia.

If cocaine be intelligently used in properly selected operations and according to the plans I have just attempted to describe, it will prove to be practically without danger and an almost ideal local anesthetic.—[This article also appears in the N. Y. Polyclinic.]

Editorials.

Journal of

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ISSUED MONTHLY.

CHAS. H. STOWELL., M. D., EDITOR.

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What Is It?

Many of us will remember Barnum's "What is it?" Some said it was "the missing link of Darwin," but it proved to be an Australian idiot. There is one "what is it?" that we cannot describe, neither do we know its name. Our parents saw it every time the physician entered the room, and we, in our time, have occasional glimpses of it. We refer to that unnamable and undefinable quality which the good old family physician had of the long ago. These were not men who wrote articles for medical journals on "the medical profession as a business." They did not place their accounts in the hands of agencies, and they were not familiar with the laws on collection of debts; yet one of these men had only to enter the sick chamber in order to greatly impress the patient and friends with the fact that within that breast was the most tender heart of the finest fibre, while in the head was all that goes to make a true and noble man. Yet we have not described either the man or his qualities. We cannot speak of his high culture nor the harmonious development of his faculties. He simply had something about him that the medical man of to-day has not. In our wild search for infinitesimal expressions of life, we are losing our grip on some of those things that have contributed most to the honor and glory of our profession.

Don't All Go Over.

In the city of Columbus there are 1,300 physicians and two large free dispensaries. This gives only 330 people to each physician. The same cry comes to us from St. Louis, where "scores of our brightest young men are starving to death." Yet the medical colleges are offering unusual inducements and every effort is being put forth to swell the number of matriculants. It is very easy to prophecy, and any one can do it; but it does not take much of a mind to see that if this thing continues much longer, the medical profession of the future will be greatly deteriorated. Who cares to live in an age when there will be no more honor in being a member of the medical profession than of the United States Senate.?

The French Treatment of Pott's Disease.

Attention has already been called to the new method of treating Pott's disease by forcible reduction. Our readers will remember that some most remarkable cases have been reported where marked curvature of the spine was instantly remedied under anesthesia, and by the continued jacket treatment, the reduction was held permanently in place. This seemed most remarkable treatment

at the time, and it has been rather sceptically received in this country. Now, that this method has been more thoroughly tested, we are warned against the use of violence. If the projection does not yield to gentle pressure, then the case is not suitable for this treatment. The originator of this method, Dr. Chaipault, excludes all ankylosed cases. One observer says that after the deformity is reduced the concavity which must be formed by straightening the curved vertebræ is filled simply with fibrous material. Hence, when the person begins to walk the pressure on this tissue will cause it to be absorbed, and the deformity will finally recur. From these observations, it is evident, that the marvellous things which were anticipated from this revival of forcible reduction of the kyphotic spine will not be realized.

That Lizard Story Again.

The Druggist's Circular publishes another account of a lizard that lived for a time in the stomach of a human being, and because said human being succeeded in ejecting a lizard one day, there is no doubt whatever about the truthfulness of the account. The article concludes with the following:

"The 'lizard' or 'snake' when traced down to his lair either vanishes into nothingness or proves to be at the worst only an ordinary anærobic worm."

The editor of our exchange speaks about the "lair" of the lizard, and intimates that said animal can be traced to this source. Was this a mistake of the editor or printer, for it is evident that the word should have appeared as "liar."

What Next?

An exchange says that a sanitary Bible bound in celluloid has just been introduced into court rooms. This enables the Bibles to be washed without injury. The Medical Age asks, "Who is ever going to wash the book?" We could never understand why so much has been said about washing the Bible, when the book is a very clean one, according to our opinion. Let us suggest to our exchanges that it might not be very far out of the way to require that the soap and brush be used on those who have to put their lips to the book. Washing the Bible is like locking the barn after the horse is stolen, or like treating a case of typhoid fever, when both may be prevented. Let the book alone, but give the unwashed a good scrubbing.

And Only One Price of Admission.

Just to think of it! If the medical student is fortunate enough to attend our medical college, he can have the great privilege of looking upon a professor who has "just returned from abroad after a whole year spent in the pursuit of his favorite branch." And all for one price of admission! How the professor has changed; he has a little foreign accent, and now and then drops a French or German word so heavily that you can feel the floor shake. He knows all there is to be learned in this little country. He had to go away, across the Big Pond before he could find any one who could teach him anything. Wonderful and great man! And our medical college has him, too!

In other words, is it not about time that we had a little national pride, and that we forcibly eject all those individuals who have to drink Rhine wine or sip German beer before they think themselves fitted either to teach or to practice? Either New York, Philadelphia or Chicago contains better facilities for the re-

cently graduated student or the full professor than can be found anywhere on this globe. Let us hold to the cry that in America are the best medical centers, and that one educated in our own land is the most entitled to our admiration and respect.

The Baked Banana.

We have seen so much about the deliciousness and wholesomeness of the baked banana, that we were forced to experiment for ourselves. One came on the table, a black and repulsive looking thing. We tasted and then wept! We would rather live in Chicago than to try another. Decayed pumpkins would be delicious beside it. If any man hears of the fellow who first wrote that article, will they please order his arrest at once. Such persons should not be allowed to roam about.

Poor Ink.

And now the ink has to take it! As we have looked at some of our letters after rapidly writing to our friends, we have for a long time been convinced that there was something the matter with the ink. Now, we know it. The London Lancet declares that a Leipsic investigator has found a certain bacterium in ink. This accounts for it. We write a beautiful hand, but these miserable bacteria make such a tremendous disturbance after they are placed upon paper that the beautiful lines we originally made are greatly distorted. We will give $10,000 reward to any one who will discover an antidote to these bacteria, in order that our classical penmanship may be preserved undisturbed and unaffected to posterity.

The Best Infant Food.

Of course we agree with all of our exchanges that a normal child thrives best on the milk of a healthy mother, but when artificial feeding is necessary, what are we to recommend? We refer especially to medical editors in the columns of whose journals there are advertised a number of infant foods. Must we recommment one and neglect the other? Alas! Alas! How we have worried and studied over this question. But the Medical Council has solved the question for us. The editor advises that a number of good artificial foods be selected, and that one of these be used one day, another the next, and so on. Thanks, thanks, dear friend, you have brought us great relief.

Leading Articles of the Month.

Neurotic Children and Modern Education.—The editor of Pediatrics says that a very notable feature of these times is the number of persons afflicted with neurotic tendencies. It is certain that never since the world was first peopled have nervous complaints of all kinds been so prevalent as they are now. It is probable, too, that this country contributes a larger proportion of sufferers from various forms of neurosis than any other.

The literature of the day teems with neurotic characters, and in Sarah Grand's "Heavenly Twins" the early type is depicted in a masterly manner. To trace the causes of a neurosis back to its origin would be beyond the scope of this article, as well as beyond the powers of the writer. However, it may be laid down as fact almost universally agreed upon that the primary and principal causes are phthisis, syphilis and alcoholism, while unhealthy environment and infectious diseases must be held responsible for the taint in some instances. The present generation is doing penance for the sins and misfortunes of its fathers and forefathers, and the large majority of diseases of a neurotic character have been handed down from parent to child. That the neurotic taint has been most often thus transmitted has been conclusively proved. Neuralgia, epilepsy, neurasthenia, are the forms of neurosis most commonly met with, of which hysteria is the most interesting and important. The change that has come over the minds of alienists in respect to hysteria is very remarkable, and is chiefly due to the investigations and teachings of the French neurologists, headed by Charcot. With the French school the opinion is held that hysteria, both in the infant and adult, must be put down wholly to heredity direct or indirect, although of course they allow that certain accidents can excite and render active this latent predisposition, such as education, emotion and contagion, and, in the case of adults, traumatism. When it is allowed on all sides that heredity, if not the sole, is at any rate the principal cause of hysteria and the other manifestations of neurosis, then it must be also granted that in the judicious supervision and careful bringing up of children lies the remedy and possibly the cure. The existence of the neurotic tendency in an individual does not preclude the possession of talent or even genius. Max Nordau, indeed, holds the theory that to be a genius one must of necessity be a degenerate; that the possession of those mental qualities called genius is in itself a sign of neurosis. Neurotic children are often, in addition to being mentally gifted, physically precocious. Still, notwithstanding the fact that children born with an inherited taint may be to outward seeming both physically and mentally vigorous, yet they will not last, nor is the strain likely to be perpetuated, but will, after going through various stages of degeneracy, ultimately become extinct. Over-pressure in education, and this is a point especially dwelt upon by the French school of neurologists, is in very many cases the cause of the breakdown. Signs of over-pressure are seldom met with except when there is a morbid heredity. These children are not only affected by the over-strain of work, but there must also be taken into account, in these days of competition and cramming, the play of the emotions caused by the excitement and worry of a prospective examination. The truth should be im-

pressed upon the minds of teachers that to unduly exert the brains of young and highly nervous children is dangerous to a degree, and not infrequently the first step in the direction of the madhouse. Parents, who are aware of the nervous temperament of their offspring, should be on their guard against the dangerous pressure of competitive examinations. It is surely also the duty of doctors to protest against many of the unhealthy methods in vogue now in modern education. That every school should be under medical supervision has been frequently suggested, but up to now the suggestion has not been fully carried into effect. If this plan is not feasible, or until the difficulties in the way have been overcome, why should not the teachers be instructed so that they may be able to gather from some palpable signs, as extreme restlessness, for instance, that it will be inadvisable to enforce discipline liable to produce serious results. In connection with this matter the late Dr. Octavius Sturges gave (in a paper read at the International Congress of Hygiene) the pitiable history of five cases of what he terms "school-bred chorea." These unfortunate children were kept hard at work despite their uncontrollable restlessness, of which the teacher did not understand the significance, and were only taken from school when the mischief had been done and chorea had gained so strong a hold on them that at times they were not able to speak. School teachers can, if they are competent and willing, do good service in observing the mental peculiarities of children. This truth was well demonstrated in an article in Pediatrics of October, 1896. The school teacher has the opportunity of observing and drawing attention, at an early stage, to many significant defects of children both mental and physical, and while these failings can still be benefitted by remedial treatment. The earlier a correct diagnosis of hysteria and its allied complaints is made, the better the chance will be of treating the case with the hope of beneficial results. With young children more attention should be paid to physical education and to the laws of health, and less to overloading the brain with a multitude of subjects many of which will be of no earthly use in after life.

Home-Grown Food in Relation to Health.—Climatic conditions, remarks the Lancet of August 14, 1897, have a good deal to do with the suitability of food. The Esquimau has an innate craving for fat, which is supplied him in the oleaginous blubber, while the Indian or African would naturally have an aversion to rich, fatty food, and so he eats starchy food and fruits, which grow in abundance around him. The same principle is illustrated even in the comparatively narrow range of climatic conditions in this country. Who has the same inclination to eat a large, underdone, juicy steak in the broiling days of our short summer as in winter? We rather have recourse to salads, fruits, vegetables, and if to meat at all it is in sparing quantity and generally cold. But as an agricultural correspondent has most ably and pertinently pointed out to us in a recent very interesting communication, the subject may be pushed a step further, and considered form a point of view which in its general bearings on the question of food-supply is of unquestionable importance. As he has observed, the same plant varies in its feeding properties when grown at a different altitude, or on a particular soil, or in a different climate. In other words, the nutritive value of a plant or its fruit, be it seed, fruit, or leaf, is influenced by soil and climate. Herbage composed of

grasses and clovers—i. e., pasture—has a marked influence upon the health, development, and early maturity of sheep and cattle according to geographical position and geological character of the soil. Thus "storeland" and "feeding land" are terms used to express the relative character of the soil, and, as our correspondent (who is a farmer) points out, these varying conditions have a well-known influence, altering or modifying the type and character of breed or pedigree. Is it a design in Nature, he asks, that plants growing in any particular country shall be more suitable food for animals in that particular country than foreign food or that grown in a different country? As an illustration, linseed or flaxseed produced in one country is full of oil, and in another the proportion of oil is distinctly less; a sample of seed in one country, again, is rich in mucus, while in another it contains very little mucilage, the difference in this respect in Russian, Indian, and English seeds being considerable. Again, he asks, does Assam tea afford a more healthful beverage to the Chinaman than Indian tea? Yet the character of the two decoctions made from these respective teas is quite different. To come nearer home, and to touch upon the economic side of the question as closely affecting our own agricultural interests, is English wheat made into bread a better food for the people in this country than bread made from foreign flour? The baker selects foreign flour because the resulting loaf is lighter, and the flour will take up more water, and a sack will yield a greater number of loaves than an English sack. There could hardly be opened up for discussion a more interesting phase of the subject, and our correspondent has written very pertinently upon a very important question. It is just possible on studying and reflecting upon the issues he has raised that another rational and powerful argument in favor of the consumption of home-grown food may be found.—Medicine.

Some Points in the Treatment of Incontinence of Urine in Children.—In Treatment for September 9th Dr. J. A. Coutts remarks that in infancy incontinence of urine is physiological and a normal feature of the age, and is due to the urinary reflex being as yet not under the control of the brain. Its persistence beyond infancy is probably owing to imperfection of this control, except where it is directly referable to bad habits and deficient training. In the majority of cases the incontinence dates back to the period of infancy without a break; in a minority the habit is acquired in later years, frequently arising in these last from a definite assignable cause. With or without treatment the complaint has a tendency to subside at or about the age of puberty. When it persists beyond puberty the cases are generally very intractable, and most frequently found in the female sex. A combination of diurnal with nocturnal incontinence is admittedly of worse prognosis than when the incontinence is confined to the night time only. In many of these cases, as with obstinate incontinence generally, the disorder is only too often associated with unmistakable mental deficiency, and is merely one symptom of the blunted moral sense. But even in these last cases perseverance and training may do much to ameliorate, if not cure, the disorder.

The ordinary routine practice of waking the child at stated intervals to micturate needs, says Dr. Couts, merely to be mentioned and commended. This simple procedure, if diligently carried out, is sufficient to cure the vast majority of cases of nocturnal incontinence of urine

without any further treatment, medical or other. Of the value, in addition to the last, of restricting the liquids in the child's dietary during the latter hours of the day, there is no doubt. The author has the strongest conviction of the benefit accruing from this restriction of liquids in the vast majority of instances. But in a few cases it has seemed to him that this practice has possibly perpetuated and kept up the disorder that it attempted to cure, for in some children the mere presence in the bladder of highly concentrated urine, produced by the nightly restriction from liquids, has appeared sufficient to bring about expulsive action on the part of the urinary apparatus, the vesical mucous membrane being seemingly intolerant of such a urine. In obstinate cases, if on examination the urine presents a high specific gravity and a high degree of acidity, then, instead of limiting the liquids, he advises that trial should be made of encouraging the child to drink freely toward the end of the day. In a few cases by this reversal of the common practice he has scored a signal success. The number of such cases is, however, insignificant as compared with that where advantage was gained by adherence to the common routine. Still, small as the number of successes may be, the plan would seem worthy of trial in the class of cases indicated.

Of all the various drugs that have been commended, belladonna, and perhaps deservedly, takes the foremost place. At the present time, indeed, it would almost seem to have displaced all others, and with too many, the author fears, treatment of incontinence means the mere use of belladonna. But that belladonna often fails is admitted on all hands. Some of these failures doubtless arise from the method commonly pursued of giving the drug in divided doses throughout the day. A much more efficient plan is to give one single larger dose in the evening, and to gradually increase this every four or five days. In this way a large single dose can be gradually worked up to, and, if the incontinence ceases, can be as gradually lessened until the drug is finally abandoned. The author does not think belladonna can be fairly said to have failed until this method of a large single evening dose has been given a trial. But belladonna, however given, often fails, and then recourse must be had to other drugs.

Of these other drugs he is inclined to place most reliance on lycopodium. Its advantages in the treatment of incontinence of urine have been strongly advocated by his colleague, Dr. Eustace Smith, and others, but, as far as he can gather, its merits in this direction have as yet been recognized by only a small minority in the profession. While belladonna acts by paralyzing the detrusive muscular fibres of the bladder, lycopodium is stated to have a more selective sedative action on the vesical mucous membrane. The author has known lycopodium efficient in numerous instances where belladonna had entirely failed. His usual practice is to give twenty drops of the tincture three times a day to a small child, and work up gradually until doses of a drachm are given at the corresponding times. Possibly more could be given, as he has neither seen nor read of any poisonous qualities attaching to the drug. In this, however, he adds, his knowledge may be at fault. The recognized single dose for adults is generally given as from half a drachm to two drachms or more. Lycopodium has been said by some to be almost a specific in incontinence of urine, but this his experience does not confirm. Nevertheless, it has often stood him in good service when other drugs had failed,

and he thinks it deserving of more extensive trial than it would seem as yet to have received.

In ordinary cases bromide of potassium has proved of less service in his hands than in those of some others. There are cases of incontinence, however, he says, in which bromide may prove of the utmost benefit. These are the ones in which the act of micturition ensues when waking is imminent or actually takes place. Here the beneficial action of the bromide lies more in its hypnotic effect, probably, than in any other influence it may exercise over the nervous system.

Strychnine given for its direct effect upon the spinal cord he has seen little benefit from. When the incontinence, however, has been accompanied with anæmia, lassitude, and other departures from normal health, then a combination of iron and strychnine has been of the greatest service. The improvement in the general health has often been accompanied with an improvement in the incontinence.

Of the value of opium, chloral, and some other drugs which have been advocated in the treatment of incontinence of urine, he pleads ignorance. He can only say that he has not been sufficiently impressed by the writings of those who have had experience of them to give any of them a trial.

When drugs fail, says Dr. Coutts, there are still other measures that may prove of service in obstinate cases. It has been noticed that in many instances the child retains his urine while lying asleep on his side, but that immediately he turns on to his back emission of urine takes place. Some older authorities advised blistering over the sacrum, mainly no doubt hoping that the irritation produced would prevent the child from turning on his back, and perhaps partly in the hope that some distant influence might be exercised by the blister over the reflex center in the spinal cord. This practice is condemned by Sir Henry Thompson, but its occasional efficacy is probably undoubted. The child can be prevented from turning on his back by equally simple and less drastic means. It is quite easy to fix an ordinary bobbin over the lower spine by means of strapping. With such an arrangement, whenever the child attempts to turn on to his back, either the bobbin wakes him up or else he returns to his former position on his side. In either case the urine is retained in most instances.

The author does not favor circumcision in incontinence of urine unless there is undue tightness of the prepuce. In this last condition there are indications for circumcision apart from the question of the incontinence. If there is no phimosis, however, he regards the operation as uncalled for. Many cases of incontinence of urine, he says, are no doubt improved by circumcision, but this is probably due to the temporary influence of the resulting inflammation and could have been brought about by other and less stringent means. An equally large, or still more numerous, class of patients receive no benefit whatever from the operation.

Of injections of nitrate of silver into the urethra he has no experience, but says that Sir Henry Thompson speaks warmly of their value in either sex. He advocates their weekly administration in increasing strength up to that of ten grains of the salt to the ounce. The author sees objections to their use in boys, and still more so in the case of girls. At any rate he would only have recourse to them when all other measures had failed.

Whatever method is tried, any improvement is an encouragement for persevering with it in this troublesome disorder. Improvement when once it has started is generally continuous. Any break in the habit for a time, however short, is reason for hope that it may be permanent.—N. Y. Med. Journal.

Prehistoric Man.—There has recently been received at the Smithsonian Institution a collection which is of the greatest importance to the archæologist, and which, when all the facts concerning it are known by the casual visitor to the place, will be of undoubted interest. In it are weapons and implements used by prehistoric, primeval man, hundreds of thousands of years ago. It may have been that with such a weapon as is comprised in the collection Cain killed Abel, and the residents of the stone age hunted the huge monstrosities in the wilds of Africa, the plains of India and on and about the chalk cliffs of England.

The collection is known as the Seton-Karr contribution, having been discovered by this prominent English expert in archæological matters, in Somaliland, on the eastern coast of Africa, some months ago. The implements were purchased from the discoverer by the Smithsonian Institution and placed in the division of prehistoric anthropology.

There are about fifty pieces in the collection, made of flint, or quartide, and ranging in size from an inch or so in length to half a foot, some weighing several pounds. The objects are supposed to be spear heads, battle axes and wedges, truncheons, bludgeons, or whatever they may be termed.

Gazing at them one can gain an idea of what the ancestors of the human race looked like, muscular and hairy, coarse of form and feature, with huge bodies and massive limbs. Such implements could have been wielded by none except a race of giants. Archæologists say that the objects belong to the palæolithic age, which is, they also assert, the first stone age, palæolithic meaning ancient stone. They also belong to the chipped stone age, practically the same, the ground stone having come later. To be definite, the collection, according to the archæologists, comprises objects made and used by the first people who inhabited the earth. The great point of interest from an archæological standpoint to be secured from the objects is that they resemble implements found in England and France.

Sir John Evans, of England, the greatest living authority on such matters, said recently that the implements in the collection were manufactured by a people who lived probably 300,000 years ago. The difference between them and other palæolithic implements is, except for an extraordinarily weather-beaten appearance, they are as perfect in appearance as the day on which they were made. The find bridges over the interval between palæolithic man in Britain and India, and tends to prove the unity of race between inhabitants of Asia, Africa and Europe in palæolithic times.

H. W. Seton-Karr discovered the objects forming the Smithsonian Institution collection in Somaliland while tracking a lion on a bare hillside. It was while at this occupation he came upon the headquarters of primeval man and his former stronghold. This was shown by the numbers of stone implements, once buried deep for concealment, but when found raised on pyramids of solidified gravel like boulders on a glacier.

Seton-Karr hunts lions when he feels particularly satisfied with his surroundings, and chases the hippopotamus to its

lair when there is nothing else of special interest to attract his attention. Incidentally, being a disciple of Nimrod, he takes great interest in the hunting implements, rude, uncouth and unpolished as their owners, of man at the beginning. He was one of the first explorers of Mt. St. Elias, Alaska, in 1885, and is one of the best-known big game hunters in the world.

Mr. Seton-Karr had discovered lost flint mines last November in Egypt. He had previously found stray flints in Thebes, but was anxious to prove that there was no connection between the comparatively modern temples and pyramids of Egypt and the more ancient palæolithic remains throughout the whole Nile valley.

Rumors had come from the Arabs of large flint mines in the eastern desert. Somaliland is on the eastern coast of Africa, south of the Red Sea, and the Gulf of Aidev. While proceeding on his travels one day, with his caravan of Bedouins and camels, on the hidden cliff plateaus of the Wady Sheik, he came across what appeared to be ruined cities of vast extent, stretching eastward across the desert, barren, treeless and waterless. On examination the mines were discovered.

Each of the mines was characterized by its own special types of implements. Professor Petrie, the well-known Egyptologist, declared them to be of the greatest possible interest. Truncheons, spear heads, axes, arrow heads, wedges—many of these lay as the workmen last left them when they went home from work one day, perhaps thousands of years before Thebes or Memphis were dreamed of.

The palæoliths found in Somaliland are identical in form with those from France and England, showing the unity of race throughout the world during the palæolithic age.

The discoverer had this to say on the subject of his find and the locality where the objects were unearthed:

"Certain landmarks as to the four rivers mentioned in Genesis led me to think that the Garden of Eden, if it ever existed, may have been here, and that these very tools had been made and used by Adam and his numerous descendants. At any rate, my discoveries in Egypt and in Somaliland lead me to the idea that man's original home, or the place where he was gradually evolved, must have been in Africa, or, at least, in a tropical land, where clothes were unnecessary and food plentiful to hand."

The archæologist accounted for the universal similarity of form in the oldest implements of all in a very simple manner.

"There must have been," he says, "definite intercourse and communication then, as now, between Europe, Asia and Africa, and this was for the purpose of trading in flint spear and arrow heads with those countries where no flint existed. Parts of the North Sea and the Mediterranean in those times were dry land, so travel was comparatively easy."

If any one is interested, and doubtless there are many, in knowing what manner of man the resident of the world was before the flood, and even before Adam existed, the archæologists say, the desire can be gratified by examining the Seton-Karr collection at the Smithsonian Institution, for in all ages it has been the case that insight into the general appearance, habits, manners and customs of any race can be gleaned from an inspection of the products of their handiwork. The rough, chipped, unwieldy objects, whitened with age and the bleaching influence of a fierce sun for thousands of years, prove conclusively that man of the palæolithic age must have been as much of the earth

earthy as the strange and powerful animals against which he waged the war of extermination, and that he must have partaken to a great extent of their nature. —Washington Star.

Alcohol and Common Sense.—We are sorry to note that some of our medical contemporaries are commending Professor Pellew, of Columbia University, for his recent utterances in the daily press of New York in favor of alcohol. The professor is evidently not a physiologist, or he would not make some of the sweeping, and, from a physiological standpoint, utterly astounding statements, which are credited to him. He is reported as saying that " in diseased conditions where nutrition is impaired, alcohol may be given in greatly increased amounts without intoxicating effects," from which he argues that alcohol must be, in these conditions, of the highest value, adding the assertion that " an ounce of alcohol will give as much heat as seven or eight times the same amount of beef."

According to Danilewski, as quoted by Landois and Sterling, the number of heat units contained in one gram of alcohol is 6,980, and in a gram of ox-flesh, 5,724; also, according to this accepted authority, alcohol, if utilized as a food in the body, is capable of producing only twenty-two per cent. more heat than ox flesh or beef in seven or eight times the amount, as claimed by this new champion for alcohol as a food. Mr. Pellew seems not to be acquainted with the fact that "in diseased conditions where nutrition is impaired," opium also "can be given in greatly increased quantities without intoxicating effects." Every physician is aware that under certain conditions the quantity of opium which may be given without producing narcotic effects may be four or five times as great as in normal conditions, but it cannot be argued from this that opium is of value as a food; even though the opium burned in the colorimeter would produce a certain number of heat units, this fact would not prove that when taken into the body, it could prove of any service as a heat-producer.

Chemists as a class, are not good teachers upon dietetic subjects. The chemical expert seems to forget the fact that the human body is the domain of vitality, and that its functions are not governed by the laws of chemistry. Here are a few questions which we should like to propound to Professor Pellew and all others who, like him, insist upon the food value of alcohol:

1. Is not alcohol a product of the growth of micro-organisms? and does it not belong to a general class of substances produced by bacteria, micrococci, yeasts, and other microbes as excretory products?

2. Does not ethylic alcohol belong to a class or family of alcohols all the members of which have some alcohol in their chemical composition, and all of which possess some of the general properties of alcohol, such as avidity for water, and the power to produce anesthesia, or narcotism, the power to intoxicate, and the power to kill if taken in sufficiently large doses?

3. Does Professor Pellew know of any other substances belonging to a class of toxins or produced by bacteria which he would recommend as food?

4. Can Professor Pellew give us any reason why, if alcohol is so superior in food value, the other members of the alcohol family may not rightfully lay claim to the same high distinction?

5. Can Professor Pellew cite a single instance in which the life of a man or an animal can be clearly shown to have been

prolonged by the use of alcohol as a food in the absence of other food-substances capable of prolonging life?

Until Professor Pellew and his associates can give us satisfactory answers to the above questions, we shall hardly be prepared to admit the justice of his criticism upon the modern school of text-books on physiology, which point out the harmful properties of alcohol, and denounce its use as a sin and a crime, both against the user's own body and against society.

It would be well if scientific medical journals, before giving their endorsement to such wild assertions as those made by Professor Pellew would take the pains to consult some of our standard authorities upon the subject of the heat value of foods, if they do not happen to have the facts in mind.—Editorial in Modern Medicine.

An Analysis of the Practice of a St. Louis Physician.—Much has been said of late concerning the wretched state of affairs existing amongst the medical profession in St. Louis. At this distance the statements of each contestant must be taken "cum grano salis," but we have never read such absolute rot as appeared recently in one of our St. Louis exchanges.

The article in question purported to be a discussion of the relation of specialist and general practitioner, but in reality was the most flagrant case of braggadocio and advertisement that we have ever read in any medical journal, and yet the author signs himself a member of the American Otological Society, which is nothing if not strict in its ethical requirements, and an ex-house officer of the New York Eye and Ear Infirmary as well as surgeon to a number of hospitals and infirmaries. He starts in to prove that the proper field of usefulness for the otologist is to instruct the general practitioner in the rudiments of that specialty and to turn over his cases to him. In other words, he makes a bid for consultation work which must prove enticing to his St. Louis confrères—he wants but one chance at the patient, the rest is easy to the family physician.

This is bad enough, but he endeavors to prove his ground by reporting a number of cases and here comes in the worst: Case No. 104,797—and, by the way, we greatly admire his thoughtfulness in numbering his cases, it tells so quickly how much business he does, and just for amusement and lack of anything else to do (as we are not so rushed with work as our St. Louis friend), an estimate has been made of the work he does. He has been in practice, according to Polk, thirteen years, of which two were presumably spent in hospital work, leaving eleven years of actual work. He reports a case No. 403,971 in private practice. He therefore has, presumably, seen that number of new patients; presumably, too, he does not work on Sundays and takes at least one month vacation. His office hours should not be over six hours' duration. He has therefore seen every year since he began practice 36,724 new patients, or 125 each day, or about one every three minutes for eleven years. No wonder he does not want to see a patient twice. He must be tired. If, on the other hand, he takes no vacation and works Sundays, if he works twelve hours a day for eleven years, he can give just seven and one-half minutes to each patient. If he gives an average of fifteen minutes to each, he must work for twenty-four hours each day for eleven years. If he stops to eat or sleep, some one of these 403,971 patients must suffer. We know people who talk in this strain

about their business and patients, but we are not obliged to believe them.

But to resume his case No. 104,797. This is evidently an acute suppurative otitis media with mastoid complications. He does not say how he diagnosed or treated it, but it recovered rapidly under the care of Dr. ——— of the Marion Sims College.

Case No. 104,797 had a discharge from ear with complete facial paralysis, but he recovered promptly under the care of Dr. ——— of the Beaumont Hospital Medical College.

Case No. 104,259 has seen various specialists without relief. Upon a very careful differential diagnosis (taking three minutes) "he was found to have a dulling of the auditory nervous apparatus and a chronic diffuse nephritis with hyaline casts of all sizes" but he promptly recovered under the care of Dr. ——— of the St. Louis Medical College.

Case No. 104,811 "was very grave." The patient had "suppurating glands, derangement of the heart and various other ailments, deafness, tinnitus, pain, vertigo, posterior auricular neuralgia, bursted ear drum, otorrhœa, swollen and tender mastoid and was very sick and suffering —yet under the skillful management of Dr. ——— of the Barnes Medical College she was promptly and completely cured." And so on "ad nauseam."

Every case bad and dangerous, yet every case referred to some doctor associated with a different medical college, every case cured. Not a detail of diagnosis or treatment in the whole article, not a word of value in it; an open advertisement not only of the writer but of each of the men whose names and addresses are given, absolutely worthless except for advertising purposes, it was nevertheless published in a medical journal.

There are many reasons why a man should occasionally report his cases even if they do not present anything startling or new. One's practice is not composed of the extraordinary but the ordinary, and rare cases are curiosities. It is the every-day case with its treatment which interests us most. There are also numerous reasons why a man should read a paper at times before the local society and why it should be published, but there is absolutely no reason in writing such an article as the one under consideration. It should be entitled "Medicine in Fiction." —Editorial, Atlantic Medical Weekly.

The Treatment of Inevitable Abortion. —A study of recent literature is all that is necessary to convince us that opinion, which has for a long time been sharply divided upon the subject, is now preponderating in favor of the immediate or radical method of handling cases of inevitable abortion.

The so-called conservative or expectant plan has been the rule of textbooks, and formerly was the accepted practice.

But larger experience with progressive gynecological surgery and a better conception of its scope have brought about a change in many directions of established usage, notably in the treatment of abortion.

It is now recognized that this condition calls for the same rational surgical treatment that we should use in any other case where uterine hemorrhage and expulsive pain are prominent symptoms.

The proposition to let nature take care of these cases is not rational, because the very fact of abortion is a confession on the part of nature of her inability to do her work properly, and whether in criminal abortion with mechanical injury, or in abortion from pathology of the fetal or maternal tissues, nature is taken at a dis-

advantage, and with none of her uterine forces in proper shape, it is the exception and not the rule that she conducts the case as well as the trained intelligence of the physician can do.

It is variously estimated that the proportion of pregnancies ending in abortion is from one in twelve to one in four, and that from 85 to 90 per cent. of married women abort one or more times during their child-bearing life.

The immediate dangers are hemorrhage and septicemia; the remote, but no less real and disastrous probabilities, subinvolution, increased size and weight of the organ, endometritis, metritis, salpingitis, oöphoritis and the various uterine displacements which are almost certain to follow these conditions.

In view of these facts, and seeing that the welfare of women is so greatly involved in the issue, it is time that the present divergence of opinion be looked to for its logic, and that authorities now arrayed on two sides of the question should be brought nearer together.

In France the balance of opinion is for the more conservative course. Tarnier would avoid any interference, even if the whole placenta is known to be in the uterus, employing antiseptic injections systematically while waiting for nature to expel the foreign substance. If, however, alarming hemorrhage appears, or the discharge becomes foul, active measures are indicated.

Of the radicals in France, Gueniot leads, and next comes Doleris, who recommends active interference in retention of the placenta, but counsels a conservative course when the membranes are retained.

In Germany the majority lean to a more active course.

Schroeder, Fehling and Schwarz are warm advocates of the radical treatment, and Braun as well, although he prefers to use the finger whenever possible in place of the curette.

Dohrn, Winckel and Schauta are conservative. Duhrssen has reported 150 cases of abortion treated by a thorough and immediate clearing out of the uterine cavity, with only two deaths, and these not in any manner to be attributed to the treatment adopted.

In this country the teaching of recent writers and the trend of late discussions is mainly toward the immediate radical treatment.

My own custom in regard to these cases is, when satisfied that the loss of the ovum is inevitable, or that partial evacuation has taken place (up to the twelfth week of pregnancy), to proceed at once to empty and cleanse the uterus. In this I depend for success upon the same precautionary measures that I use in performing a vaginal section; the same aseptic and antiseptic care, and, when time and circumstances will permit, the same preparation of patient and surroundings. The emunctories, intestinal tract, with special reference to free catharsis, bath and sterilization of the genitals are attended to.

The patient is anesthetized, placed upon a table with good light, and as far as possible a complete armamentarium of instruments, dressings, sponges, etc., is at hand.

The uterus is drawn down with vulsellum forceps and the dilatation and curetting done under a constant flow of a 1-3,000 bichloride solution. The dilatation with a large Goodell's dilator, is accomplished with much more facility than in the non-puerperal uterus, owing to the physiological softening incident to the gravid state, but every precaution is used to dilate with as little trauma to the parts as possible. At the same time a thor-

ough divulsion of the canal is a prime condition, an inch to an inch and a half being the minimum amount.

The stretching should be done by simply compressing the handles with the grasp of the hands, and not by means of the thumb-screw.

In this way the pressure can be accurately gauged in lateral oblique and antero-posterior directions, a process of kneading as it were, that will produce a physiological dilatation not dissimilar to that of normal childbirth.

The same care and precaution in the use of the curette is of paramount importance.

I select a medium sharp instrument with flexible shank, bent to correspond with the various angles of the uterine cavity.

The uterine cavity is next washed out with bichloride solution, followed by sterilized water, swabbed with 95 per cent. carbolic acid, again douched with sterilized water and packed with narrow iodoform gauze wicking. This gauze should be firmly packed in the upper two-thirds of the cavity, but more loosely in the lower segment, a single strand or two protruding through the cervical canal.

To facilitate its removal this latter should be attached to the vaginal tampon —also of iodoform gauze.

The vulvar dressings are applied, the patient put to bed, and the subsequent conduct of the case is such as would follow simple curettement of the non-pregnant uterus, namely removal of the tampon on the second or third day, and douching of the vagina daily with the bichloride solution. There will be no further symptoms, provided sepsis has not already occurred, in which case the treatment has been both timely and appropriate.—Dr. H. P. Newman, in American Journal Surgery and Gynecology.

Lister on Vivisection.—There are people who entertain exaggerated views regarding the work that is accomplished at such laboratories. There are people who do not object to eating a mutton-chop, people who do not even object to shooting a pheasant with the considerable chance that it may be only wounded and may have to die after lingering in pain, unable to obtain its proper nutriment, and yet who consider it something monstrous to introduce under the skin of a guinea-pig a little inoculation of some microbe to ascertain its action. Those seem to me to be most inconsistent views. With regard to all matters in which we are concerned in this world, everything depends on the motive. A murderer may cut a man's throat to kill him; any one of you medical students may have to cut a man's throat to save his life. The father who chastises his son for the sake of the good of his morals is a most humane man; a father who should beat his son for the mere sake of inflicting pain upon him would be an inhuman monster. And so it is with the necessary experiments upon lower animals. If they were made, as some people seem to assume, for the mere sport of the thing, they would be indeed to be deprecated and decried; but if they are made with the wholly noble object of not only increasing human knowledge but also diminishing human suffering then I hold that such investigations are deserving of all praise. Those little know, who lightly speak on these matters, how much self-denial is required in the prosecution of such researches when they are conducted, as indeed they always are, so far as I am aware, with the object of establishing new truth. The exercise of a little charity might lead

those who speak of us as inhuman to reflect that possibly we are as humane as themselves.

The profession to which I have the great honor to belong is, I firmly believe, on the average, the most humane of all professions. The medical student may be sometimes a rough diamond; but when he comes to have personal charge of patients, and to have the life and health of fellow-creatures depending on his individual care, he becomes a changed man, and from that day forth his life becomes a constant exercise of beneficence. With that beneficence there is associated benevolence, and in that practical way our profession becomes the most benevolent of all. If our detractors knew this, common-sense would enable them to see that our profession would not be unanimously in favor of these researches if they were the iniquitous things which they are sometimes represented to be.

Drugs Which Should not be Employed During Pregnancy.—In an article on this subject in the Journal des Practiciens for August 28, M. Boissard remarks that in a general way all therapeutical intervention should be incriminated when it is followed by abortion or premature labor. Emmenagogues, he thinks, should be banished from the treatment, not only of pregnant women, but in the case of those in whom there is a suspicion of the possibility of the beginning of pregnancy.

According to him, there are no abortive drugs in the strict sense of the word, but there are drugs which, given in toxic doses, may cause at the same time both abortion and the death of the woman; these drugs are therefore useless and inefficacious, and there is danger of poisoning to the woman.

With regard to the ecbolic and oxytocic drugs, they belong to another class, and have the property of arousing and aiding the progress of uterine contractility, or of strengthening the intensity of the uterine contractions after they have been aroused; the action of the latter is certain, that of the former doubtful.

The action of quinine sulphate and of sodium salicylate is not to provoke abortion or premature labor, says M. Boissard; that would be very much to be regretted, as obstetrical therapeutics would be deprived of two valuable drugs. Drugs that have that property may, however, be advantageously employed in cases of contraction of the pelvis, in which it is expressly indicated to interrupt the course of pregnancy.

The abortive or ecbolic of quinine sulphate, says the author, has been discussed by many writers whose investigations and experiments show that this drug should not be considered as an abortive agent; in several cases in which there was contraction of the pelvis and it was necessary to interrupt the pregnancy, this drug was given every day in large doses without producing the least symptom of labor, yet it was given in amounts that, if not toxic, were at least sufficient to cause quinine intoxication.

M. Boissard thinks there should be no hesitation in employing quinine sulphate during pregnancy whenever symptoms of malarial infection manifest themselves, and these cases are rather frequent, pregnancy serving to arouse in some way the previously dormant infection. It is the same with sodium salicylate; only ergot, because of its oxytocic properties, should be rejected, even in cases of hemorrhages during pregnancy, in order not to cause tetanization of the uterine fibres.

Narcotic, analgetic, or anæsthetic drugs may be administered without fear when their employment is justified, and

may be of great benefit to the parturient woman. The different preparations of belladonna and of stramonium may be employed, also antipyrine, opium, chloral, and chloroform or ether. In case of threatening abortion, laudanum is admirably borne, and as much as a hundred drops, in enemata of boiled water, may be given during the twenty-four hours, twenty-five drops at a time being the amount used. It is the same also of chloral in vomiting, and of chloroform, which is employed during pregnancy to clear up the diagnosis and ascertain the exact configuration of the pelvic cavity, in order to reduce retroversion of the gravid uterus and to facilitate version by external means.

The different mercurial preparations, continues M. Boissard, are administered, not only in cases of acknowledged syphilis, but also in doubtful and unacknowledged cases when the physician finds himself in the presence of a series of abortions or premature births of macerated infants.

Concerning the administration of purgatives, M. Boissard says that, under the pretext that in the beginning of pregnancy it is dangerous to use purgatives, some women reach an extraordinary condition of constipation which is much graver than the possibility of the danger they fear. In a general way it is of great advantage to keep the functions of the intestine in a good and regular condition by the use of castor oil, cascara, senna, and enemata of boiled water.

With regard to bathing, this favors the functions of all the organs, and particularly of the skin, and pregnant women may and should take baths during pregnancy, one every fifteen or twenty days at the least, observing the following precautions: Not to bathe at a time corresponding to the last appearance of menstruation; not to allow the temperature of the bath to be above 96.4° F.; not to remain in the bath longer than fifteen minutes, and to guard against taking cold on coming out of it.

Concerning vaginal injections, the author is in favor of their general use, and thinks the necessity of their employment should be explained to women. Some precautions are given in regard to their use, and the author adds that, if they are observed, accidents resulting from the action of the hot water on the uterine fibres will be avoided, also any traumatism to the neck of the uterus.—N. Y. Med. Journal.

Solicitude Overdone.—Many persons in the kindness of their hearts become over solicitous for the welfare of their friends in sickness. The hypnotic calming influence of a mother's soothing words on an injured child is well known, and is in strong contradistinction to the over-zealous solicitude which tends to magnifiy ailments. In this connection the editor of The Philistine, in commenting on Barrie's "Margaret Ogilvy," says, among other things:

The book is sincere, delicate and sweet as music that comes stealing across soft seas. I read it with misty eyes and a lump in my throat. But I must make one point against the canny Scot. On pages 160 and 161 will be found the following:

"She pretended that she was well now, and concealed her ailments so craftily that we had to probe for them:

"'I think you are not feeling well today, mother!'

"'I am perfectly well.'

"'Where is the pain?'

"'I have no pain to speak of.'

"'Is it at your heart?'

"'No.'

"'Do you feel those sounds in your head again?'

"'No, no, I tell you there is nothing the matter with me.'

"'Have you a pain in your side?'

"'Really it is most provoking, I cannot put my hand to my side without your thinking I have a pain there.'

"'You have a pain in your side!'

"'I might have a pain in my side.'

"'And you are trying to hide it! Is it very painful?'

"'It's—it's not so bad but what I can bear it.'

"Which of these two gave in first, I cannot tell, though to me fell the duty of persuading them."

Fie on you, J. M. Barrie! Sane as you are on most subjects, did you not know better than to badger this dear old woman with the thought of pain? Are you forty, and yet do not know that the burdens of earth are great enough without forcing them on to poor humanity? My little girl five years old knows better than that. She can coax me out of a headache and lure me into a laugh when the world seems going into bankruptcy. But the love of a man who tells you you are going into a decline is little better than his hate. Talk not of your maladies. brother, and quit arguing that other folks have consumption, Bright's disease and cancer. It's bad to have these things, but, Lord! it's worse to have you prove it. You can write good books, Barrie, but there is a blot on your 'scutcheon on account of the place you give asthma and enlargement of the liver. Then you tell us how often you went for the doctor in the dead of night, and threw sand on his window to waken him. For shame, Barrie! Why awake a good doctor who was sleeping peacefully? Did you do it because you had cross-questioned some one into the belief he was sick?—Pa. Med. Journal.

Hypnotics for Children.—In La Tribune Medicale of April 21, 1897, Comby is reported as considering this question in a clinical lecture. After pointing out the necessity of proper hygienic surroundings and feeding in the treatment of restlessness and sleeplessness in children, he proceeds to a consideration of the drugs which may be employed, such as orange flowers, chamomile and similar gastric stimulants and nerve sedatives. He also calls attention to the fact that in certain cases codeine may be administered in syrup, and that even morphine and laudanum may be required. As a rule, however, the ordinary sedatives are much better than these pain relievers. The disadvantage of employing the bromides is that they stupefy the paient; very often tincture of musk ten to twenty drops, asafetida, valerian, Hoffman's anodyne, or a few drops of cherry-laurel water, will be sufficient to produce sleep. If chloral is employed it may be given in the dose of one grain for each year of the child. Or chloralamide may be used in the following prescription:

R Chloralamide. .....grs. x
Syrup of orange flowers.....ʒj
Water..... .....ʒij
Two teaspoonfuls an hour apart before going to bed.

In other cases a prescription composed as follows may be used:

R Bromide of potassium,
Chloral..... .....aa gr. xxx
Fluid extract of hyoscyamus.....m. xxx
Fluid extract of belladonna,
Fluid extract of cannabis indica.....aa ʒj
Syrup of orange flowers.....ʒj
Elixir aromatic.....ʒj
A small teaspoonful for two doses before going to bed.

Comby thinks sulphonal should be

administered in the dose of three or four grains to a child of three or four years. Trional seems to act equally well. Thus he cites a case of a boy two and a half years old who was attacked with scarlet fever and suffered from marked nervous excitement and insomnia, in whom five grains of trional produced a peaceful and quiet sleep during the entire night.

In another case, a girl of three years, convalescing from scarlet fever and suffering from insomnia, received the same dose of trional repeated for three days, with the result that useful sleep was produced. He then cites other cases in which it was equally useful.

[After reading this article we would like to call attention to the fact that very rarely is it necessary or advisable to administer such powerful hypnotics to children, unless it be in the course of some one of the acute infectious diseases when the nervous symptoms are most manifest. In our experience proper regulation of the diet and avoidance of excitement prior to bedtime produce all the results that can be desired.—Ed.]—Therapeutic Gazette.

The Heart of Cyclers and Wrestlers.—The editor of the Maryland Medical Journal says that opinions vary as to the safety with which women may indulge in violent exercises in view of the possible injury to the pelvic organs; and concerning the possible harm to prostatic parts which may befall men in cycling. As far as the heart is concerned, however, there has been but one opinion, namely, that the heart accustomed to a quiet life may be dangerously and permanently crippled by excessive strain in these sports. Experience in medical practice teaches that the patient with compensated heart leak or other enfeebling disease must be extremely cautious in his exercises.

The demonstration of a dilatation of the healthy heart under sudden violent exhausting effort in these lines comes somewhat as a surprise. Yet there seems to be no doubt that it does occur. A number of clinical observers in Germany, England and elsewhere have detected by percussion and observation of the change in the point of apex beat that both ventricles of the heart dilate under these circumstances and remain dilated for a longer or shorter time after the exercise is over.

Dr. Schott, of Bad Nauheim, brings to the aid of the diagnostician the Roentgen ray, affording ocular proof of the enlargement in the dimensions of the ventricles. He shows by such photographs that the shadow image of the dilated right ventricle first returns to normal dimensions as respiration becomes natural. The bulging left ventricle, however, which may reach so far to the left that its apex beats outside the nipple, has been found still dilated eighteen minutes after cessation of effort. This shows the need of caution by all.

Surgical Hints.—When operating in the vicinity of large veins, it is a wise precaution to have at hand a recipient containing some sterilized salt solution. In case of entrance of air into a vein, the solution is to be immediately poured in the wound.

If a patient is suffering from a bad fracture, and anæsthesia is needed for its reduction, chloroform is the best agent, as patients struggle less during its employment, and are less likely to displace the fractured ends after reduction.

In fistula in ano, after opening the fistula, the lining membrane of the tract should be carefully excised. Without this the operation is incomplete, and the results often disappointing. With a pair

of curved scissors it can be done in a very few minutes.

If an adult patient complains that he discharges at stool a little blood and mucus, and if he has some alternating constipation and diarrhœa, his rectum should be carefully examined, as he may be suffering from cancer. In the early stages there is often but slight pain, and the patient often believes that he suffers from hemorrhoids. If there is some sacral pain it is often attributed to rheumatism or lumbago.

In rupture of the bladder, shock does not always appear immediately. It is often delayed a good many hours. Pain is also very variable in severity, and may be absent. Catheterization produces no evacuation of urine, unless the end of the catheter passes through the tear. If so, the surgeon commonly becomes aware that the instrument has passed into the abdominal cavity.

When leaving a catheter in the bladder for permanent drainage, it is a great mistake to use an instrument that will fill and distend the canal. If a wound of the urethra exists, the urine, unable to pass by the side of the instrument, is very likely to force its way into the tissues and infiltrate them. If the catheter only partially fills the lumen, any urine that is forced along the sides of the instrument will easily find its way to the meatus.

Whenever, upon examination, it is found that any scalding or actively irritating substance has passed down the throat, the patient must be carefully watched. Œdema often does not occur until after a more or less prolonged period of deceitful calm, which may be followed with great suddenness by a condition that seriously endangers life, and can usually be relieved only by prompt tracheotomy. If possible, have the patient breathe an air loaded with steam.

Strangulated hernia is an accident which belongs to no especial period of life, and whether it occurs in youth, in old age, or in early infancy, there is no palliation, no compromise; one indication and only one exists, and that is to reduce the hernia—by gentle taxis (very, very gentle), when this is possible, and, when not, by cutting the constriction. There are five locations where hernia commonly occurs: the two groins, the two femoral regions, and at the navel.

Men have died from acute sepsis following the simple passing of an instrument through the urethra. You will avoid trouble by giving your patient five drops of the oil of wintergreen six hours before passing any instrument and repeating the dose immediately afterward. Copious draughts of water to dilute the urine will also act as a prophylactic. It is needless to say that the urethral canal should be thoroughly washed out before even the simpler manipulations and that all instruments should be surgically clean.

You cannot render the mouth aseptic, but you can cleanse it. For at least twenty-four hours before an operation in this region have your patient scrub the teeth and gums with a brush every two hours, and rinse the mouth thoroughly and frequently. A little bicarbonate of soda in peppermint water makes an excellent and mild dentrifice. The scrubbing should be by a rotary motion up and down, and should not be violent but long continued. Strong antiseptic chemicals should not be used in the mouth.

A wet dressing should be above all non-irritating. Carbolic acid in even two per cent. solution may cause severe dermatitis, while corrosive sublimate will often give rise to very distressing local effects and even to constitutional symptoms. The very best lotion known to the

writer for general use in any part of the body is known under the name of Burow's solution. It is easily prepared by dissolving twenty-eight grams of lead acetate crystals in water, pouring this solution into a vessel containing a solution of seventy grams of alum in water, and then diluting up to 800 grams. A precipitate of lead sulphate forms and must be thoroughly filtered out. The clear liquid remaining should be diluted further on using with from three to five parts of water. When you wish to use it pour the required amount of water into a vessel and add the Burow's solution from the "stock" 800 gram bottle. It forms an excellent wet dressing in cases of burns, acute eczema, furunculosis, ulcerations of the skin, etc. Use wringing wet gauze and cover well with rubber tissue, oil silk or oil paper.—International Journal of Surgery.

Iodine Incompatibility.—The following prescription is taken from a medical journal of large circulation:

To Prevent Iodism.—It is claimed that the following may be given indefinitely without causing iodism:

℞ Potassium iodide.....3xij
Ammonium and iron citrate.....3ij
Tincture nux vomica.....3ij
Water.....3xij
Compound tincture cinchona..... ...3xvj
M. Sig.—Teaspoonful three times daily, in water, after meals.

Let us analyze the above just a little bit. The title indicates a purpose of giving iodide of potash, and directions, a teaspoonful after meals in a little water; no other injunctions.

Most people eat more or less of starch foods at every meal. The iodide coming in contact with the starch forms an iodide of starch, which every tyro in medicine should know is an inert substance. Hence, iodism never can take place, even when given indefinitely, neither can there be any therapeutic results from its being given. The remainder of the prescription might in a given case have some tonic effect, but the iodine—nit.

The right way to give iodine for its therapeutic effects is to dissolve the iodide of potash or of soda in an equal weight of distilled water. Approximately, a minim or drop of the saturated solution is equivalent to a grain of the salt. Direct the number of drops of the desired dose, given in a spoonful of water. Before swallowing the medicine the patient should swallow a small glass of water, and at once after the medicine a goblet of water; the more water taken the better, but never a less quantity than above indicated.

Another direction should be that the medicine be taken every four hours, and never close to any meal. The purpose of this is to avoid a contact of the iodine with stomach contents; and yet in this there will usually be some failure, but the writer believes that without special change of diet a patient treated in this manner will obtain the benefit of about three out of the four daily doses prescribed.

Furthermore, if the patient drinks a large amount of water at the time of taking the iodide, the quantity can be increased to as much as a drachm at a dose without producing iodism. This is an inordinate amount and should be accompanied by a very large amount of water. Iodide of potash or of soda given in this way may be continued for almost any length of time, but always under observation, lest untoward effects be produced.

The points in administration are to avoid contact of starch food in the stomach and the giving in large amounts of water as described.

After giving the iodide it is but a very

few minutes until the iodine may be detected in the urine, and in the secretion of the salivary glands. Because of its effects upon the salivary and buccal glands it is one of the best remedies for those who wish to stop using tobacco.

Always begin the administration of iodide of potash with small doses, increasing the amount from day to day until expected results are obtained.

There is scarcely a remedy in the materia medica that is more generally useful than iodide of potash.—Cin. Lancet-Clinic.

A Pleasant Cure.—A lady practician of one of the "pathies" of the day recently related a very interesting though somewhat arachnidan tale. Some years since she had "nervous prostration" and at times saw spiders and mice and rats running about the room and upon her clothing. The vermin proved very rebellious to treatment and, after suffering many things and trying various remedies, she wrote, describing all her symptoms, to the Dean of a prominent eastern homeopathic school. He forwarded her one powder with explicit instructions as to when to take it and assuring her of a cure. Of course a cure resulted. Some time later the sufferer met her deliverer and asked what he had given her. He, a true disciple of "similia similibus curantur" informed her that, as she seemed mainly to travail with spiders in her delusions, he had administered to her the pulverized corpse of a tarantula and he was not at all surprised to learn of its prompt and favorable effect. This story was told in good faith to the writer directly by the chief actor in the little therapeutic drama, who now administers "divine" and mystic "healing" to all who may apply.—Cleveland Journal of Medicine.

Overcrowded Medical Profession in Great Britain.—Medical men are not so well off in Great Britain now as they were thirty or forty years ago. Among the causes of this state of things are, it is urged: (1) Increased competition; (2) the enormous growth of the out-patient departments of hospitals, and the increase in the number of special hospitals; (3) the great increase in the sale of patent medicines; (4) the liberty allowed to quacks and other unqualified practitioners; and (5) the extensive prescribing by chemists and druggists. In 1878 there was one medical practitioner to every 1,645 persons in England and Wales; now there is one practitioner to every 1,451 only. The number of hospitals and dispensaries in England and Wales was 755, with a medical staff of 3,377, in 1878; in 1893, the hospitals and dispensaries numbered 928, and the medical staff 4,454.—The Nation.

Treatment of Typhoid Fever.—During this season of the year every physician of any business whatever has to contend largely with what is known as enteric fever. The management of these cases is always of the deepest interest to every general practitioner. We have long since learned that typhoid fever is a self-limited disease, and when our diagnosis is clearly made we announce at once to the nurse and family that it has to run a certain course before the fever is entirely gone. Further, every physician who understands the pathology of typhoid fever is most particular about his directions concerning the diet. He desires to sustain the patient and at the same time prevent the use of anything in the shape of diet that would in any way aggravate the trouble. After many years of observation along this line we have found no diet that equals that of milk. The artificial foods, beef tea, and things of that

sort do not, in our judgment, meet the conditions so satisfactorily as milk. The extreme danger in these diseases seems to be at the latter part of the case, where Peyer's patches are either ulcerating or are in a softening condition. First, hemorrhage is one of the greatest dangers, and its immediate arrest is to be desired. We have found nothing to equal the hypodermic use of ergotol, and the local application to the abdomen of ice, pulverized and placed in an ice-bag, and kept constantly applied to abdomen. Formerly we were of the opinion that this was too radical, but after its use in many cases we have found the results in every way satisfactory. If the hemorrhage can be controlled for 48 hours by the methods above mentioned we do not usually have returns. Still, after such treatment, a strict adherence to the diet mentioned should be followed. Where there is extreme elevation of temperature we know of no better remedy to reduce the same than an application of a cold water pack. This can be easily carried out by soaking a sheet full of ice-water, spreading it upon a lounge or cot, removing the clothing of the patient and wrapping him up thoroughly in the cold, wet sheet. Another sheet can be wet in like manner and applied over this and a spongeful of cold water can be squeezed out over the patient so as to keep him in a wet condition for thirty or forty minutes. This will reduce the temperature from three to four degrees in this time. It is usually very refreshing to the patient. While undergoing such treatment stimulants should be freely given. Lately the use of the carbonate of guaiacol has been highly recommended as a valuable remedy to abort typhoid fever. It is claimed that its continuous use will cure an ordinary case of typhoid fever in thirteen days. While we believe it is of service still we doubt whether it has the abortive properties that are claimed for it.—Western Med. and Surg. Report.

The Evil Effects of too much Education with the Young.—Complaints are at times made in this country that the health, and particularly the eyesight of children, is permanently injured by a too close application to the desk. However, the lot of children at school here is a light and easy one, when compared to that of their juvenile fellow-students in Germany. There, indeed, if report does not speak falsely, the brain work that quite a young child is expected to get through in a day is sufficient to cause much alarm. In Germany many subjects are taught in the schools which in other countries are included in the University course. German parents are now awakening to the dangers of this cramming system, and are becoming day by day more nervous as to the ultimate result on the physique and stamina of the rising generation. Professor Eulenburg some time ago, in the Deutsche Medicinische Wochenschrift criticises the hours of work of a celebrated Berlin "gymnasium," where the sixth class has in the week thirty-three lessons. Dr. Eulenburg points out that according to Griesbach the brain of an overtaxed child requires several hours of rest before regaining its normal faculties; and Burgerstein says that boys of twelve years of age require as a rule an interval of several minutes after forty minutes devoted to study. Although there is no country in the world where the young are subjected to such brain pressure in the schools as Germany, yet the trend of modern education, both here and in England, points the same way. The worst feature of the case is that young children are not only compelled to learn an enormous quantity of subjects,

but also so many useless ones. Elementary schools should teach nothing but elementary subjects. It certainly seems that the results of modern education are in no way commensurate with the trouble and expense incurred.—Editorial in Pediatrics.

"Carding" the Sciatic Nerve.—The operation of "carding" or "harrowing" the sciatic nerve for very obstinate sciatica was first performed about a year ago by Dr. Delagénière, of Mans, in a case in which he presumed that the cause of the pain was a varicose condition of the veins surrounding the nerve. The intention was to excise these veins after the method recommended by Quénu, but when the nerve was exposed instead of the varix he expected he found only a number of small serpiginous vessels running along it, causing the surface to present a furrowed appearance. It was obviously impossible to ligature and resect these, so he contented himself with teasing or carding the fibres with a blunt forceps throughout the whole exposed portion of the nerve in the hope of destroying the vessels existing in its deeper parts and of thus being able to put an end to the stasis in the venous twigs. The result was that the patient was cured. This encouraged another French surgeon, Dr. Gérard-Marchand, to attempt a similar process which he denominates "hersage" or "harrowing" in sciatica where there was no reason to suppose that a varicose condition existed. The first case was that of a woman, aged thirty-seven years, who was unable to sleep or to stand upright, characteristic scoliosis being present. There were no signs of varicose veins or of hysteria. The second was that of a man, aged forty-five years, with a very old-standing sciatica, no treatment having been of any avail. Here, also, there were no varicose veins. The operation, which was similar in the two cases, was performed under chloroform, and consisted in exposing the nerve and teasing apart its fibres for a distance of two centimeters by means of a grooved director. The appearances were normal, there being no discoloration and no dilatation of the vessels. After the "hersage" the nerve was flattened out to twice its ordinary breadth. A drainage-tube was inserted and the wound sutured and dressed with iodoform and absorbent cotton wool. For several days the patients complained of pain in the nerve and of numbness in the limb. The pain, however, gradually passed off and sensation returned, complete recovery resulting in both cases. From experiments on animals Dr. Gérard-Marchand has been led to conclude that "hersage" of the sciatic nerve produces temporary loss of sensation in the nerve, while the motor power is not interfered with. He suggests that probably this operation may be found of value in the case of other neuralgias which have resisted all ordinary treatment.—London Lancet.

The Surgical Treatment of Hemorrhoids.—For the external hemorrhoid the author advises the simple incising after thorough cocainizing.

The carbolic-injection treatment of the internal hemorrhoids is condemned, having used it in three cases seen in consultation and against his will. In two of these there was great suffering from pain and hemorrhage, and in the third case an ulcer of the rectum resulted. Few cases, in the opinion of the author, are severe enough for the Whitehead operation to be indicated, which operation is often followed by a stricture of the rectum, ulcers, fistula, pyemia, and phlebitis.

Dr. Parrott prefers the ligature method

to either the Whitehead or the carbolic-injection methods, but states that this is out-classed by either excision or the clamp and cautery. As objections to the ligature method the following are offered: It is difficult to safely and accurately apply the ligature to insure sloughing of the pile mass; a great many times it is necessary to do another operation to remove the ligatures which do not come away; the after-treatment is never short of two weeks; there is great danger from exposure to pyogenic germs; stricture and ulcer are more often met with as sequelæ than is admitted; in a fairly large minority of cases the ligature method will fail of cure.

The author's preference in operating on the venous externo-internal pile is by the method of simple excision. The sphincter is stretched, the lowest pile caught up in a rat-tooth forceps, the pile cut off, and any bleeding vessels twisted. To prevent further hemorrhage the rectum is packed with gauze soaked with Monsel's solution diluted. Thirty-six hours after the operation the dressing is removed, the anus irrigated, and an antiseptic dressing applied with a T bandage. The bowels are allowed to move on the third day, the patient rarely remains in bed longer than twenty-four hours, the afterpain is rarely severe, and post-operative hemorrhage is never troublesome.—N. C. Med. Jour.

A Vapor Bath for a Patient Confined to Bed.—A writer in La Presse Medicale recommends the following method as an efficient means of causing a profuse perspiration in patients who have to be treated in the recumbent posture: Spread a blanket over the bed, upon which place the patient dressed only in his shirt. Under each foot and at each side of the body place a well-corked stoneware jar of boiling water. Before being placed in position each jar should be covered with a damp towel or several wet napkins, and afterwards covered with a piece of flannel. After the jars are placed in position the blanket is folded over the patient, and he is then covered with another blanket and an eiderdown quilt.

In a quarter of an hour the patient finds himself in a real vapor bath, which brings on a profuse perspiration, lasting for a time varying according to the circumstances. If it is considered advisable to increase the perspiration, warm drinks may be given.

In order to take the patient out of his vapor bath, the blanket upon which he lies and the jars are withdrawn without uncovering him, and his body is dried under the second blanket and the eiderdown quilt, which are allowed to remain. After twenty or thirty minutes his linen may be changed.—Canadian Jour. Med. and Surgery.

The Treatment of Snake Bites.—Dr. Corislano d'Utra, of Brazil, says that persons suffering with snake bites may be cured in all cases by taking three doses, two hours apart, of thirty grains of calomel in an ounce of lemon juice. He further declares that whoever will carry about his person a bag containing from seventy-five to three hundred grains of corrosive sublimate need have no fear of serpents. They will flee from him, and, if by chance he is bitten, the bite will be harmless!

Danger of Insufflation of Powders in the Ear.—Grunert's warning against the careless insufflation of powdered boric acid in purulent middle-ear disease should be carefully taken to heart by the general practitioner. According to him the danger in using powdered boric acid

consists in the formation of crusts in cases where the discharge is scant. This is particularly often the case in the most dangerous variety of ear disease, thus sealing up a small perforation. It is better for such as are not proficient in the use of the head-mirror, and who for that reason will not be able to recognize the contraindications for the use of powdered boric acid, to eschew this remedy altogether, as they might do more harm with it than good.—Pediatrics.

A Pleasant Laxative.—At the last meeting of the Missouri Association, in reply to a query on this subject, Dr. Klie presented several formulas which he had tried for this purpose. The following is that which he prefers:

R	Ginger	ʒij
	Cinnamon bark	ʒij
	Coriander	ʒij
	Caraway	ʒij
	Fennel	ʒij
	Orange peel	ʒvj
	Podophyllum	1 oz. troy
	Anise	1 oz. troy
	Alexandria senna	12 ozs. troy
	Tartaric acid	1 oz. troy

All the ingredients except the acid are ground for percolation; 25 per cent. alcohol is used as the menstruum. Proceed in the same manner as for fluid extracts. To one pint of fluid extract thus prepared, add one ounce of tartaric acid.

The Function of the Hair in Man.—Exner states that the disposition of the hair on the different parts of the body always serves a definite object. The study of the descent of man and of embryology has shown that our ancestors were entirely covered with hair, as are the anthropoid apes. According to Darwin the gradual disappearance of the hair is due to the repulsion felt by women for hairy men, and their liking for the opposite; that is, to sexual selection. In the same manner he explains the exaggerated development of the hairy scalp in women, and of the beard in men, for in women the long hair and in men the beard have always been considered as attributes of beauty.

As to the physiologic functions of hairs, it is admitted that they are modified sense organs, which have lost all connection with the nerves. It is probable that in primitive man the distribution of the hair upon the body was irregular, and that the length, color, structure and thickness of the hair varied with functions for which it was intended. The hair which has been left upon the body in the process of evolution, has been left there for a definite purpose. Certain hairs serve as organs of touch, notably the eyelashes, the bulbs of which are surrounded by a net-work of nerve fibers, and in a less degree the hairs of the eyebrows. Both these serve to protect the eyes; for being sensitive they give warning of danger, so that reflex closure of the lids is produced. The eyebrows also prevent drops of sweat from running into the eyes, while the eyelashes keep out dust. The eyebrows and lashes also serve a purpose in sexual selection. The down which covers the body is also endowed with tactile sense; the hair in the region of the genitals and anus being the least sensitive. A thick growth of hair is also found in those parts of the body where friction must take place between contiguous cutaneous surfaces as in the axillæ, groin, perineo-scrotal and perineo-vulvar regions. By experiment with pieces of skin covered with hair, Exner has shown that the hairy covering markedly diminishes the friction of the cutaneous surfaces.

In animals the hair serves to maintain and regulate the heat of the body, but in

man the hair of the scalp alone serves this purpose. Hair is itself a poor conductor of heat, and retains air, also a poor conductor, in its interstices.

The fact that the forehead is not covered with hair Exner explains on the theory that in the contest between the natural tendency of the hair to protect the head against changes of temperature and the tendency of human nature towards beauty, the latter has prevailed more easily because the non-conducting properties of that portion of the skull are increased by the air containing frontal sinuses, and that that portion of the head is easily protected from the heat of the sun by inclining the head forward.—Med. and Surg. Reporter.

The Treatment of Pulmonary Tuberculosis.—Before the Section in Medicine of the Twelfth International Medical Congress, Dr. Crocq, of Brussels, maintained that tuberculous disease tended to end in recovery rather than in death, and that a fatal termination was due to an inflammation which led to a propagation of the tubercles. If this inflammation could be prevented or cured, there would be more cases of recovery. According to the author, we have no remedy against the bacillus; creosote does not kill it, and there are some inconveniences about its employment, especially as regards the management of the stomach. He has employed with much success, even in cases that were grave or complicated with diabetes, ergotine and silver nitrate. The latter, he says, acts very beneficially on the stomach.—Record.

The Dress of Woman and the Position of Her Stomach.—Dr. Bendersky, of Kieff, read a paper in which he described a new sign which he had found to be an aid in defining the position of the stomach. The corset is well known to be injurious, but it is not the corset alone that is the whole cause. The lower part of the corset may even be useful, by protecting the stomach from injury by the petticoats, etc., for if the skirts are fastened tightly without a corset much more harm is done on account of the linear constriction. With the stomach in the normal position, the waistband of the dress lies between the stomach and transverse colon, but if there is gastroptosis the lines of the dress will not follow the greater curvature of the stomach (the author has seen such cases even in men) but lie above it. In looking at the female abdomen we see vertical and curved lines caused by the corset, but besides there is evident a horizontal line caused by the waistband of the dress. The author calls this line the gastric line because it defines the lower border of the stomach. It may also be found in men wearing tight waistbands.—Record.

On Meat Substitutes.—So-called "peptones" cannot be used as a substitute for meat in more than two-thirds the quantity necessary, even with normal digestive system, without exciting diarrhœa and thus preventing their absorption. Neumeister explains this apparent anomaly by calling attention to the fact that peptones produced in the digestive tract are quickly absorbed, and the bowel never has normally to deal with so large quantities as are present after ingestion of artificial preparations; the same is true of other albumose preparations such as somatose. It is therefore better to attempt substitution by means of pure albumen not predigested and which is in a form to be readily digested; such may be had in a combination of casein with sodium. I dieted myself through certain periods, in some of which the diet con-

tained meat in undigested condition, in others a portion of the meat was replaced by casein-sodium or peptones—the nitrogen in the ingested food and in the urine and fæces was estimated by Kjehldal's method. The results evidenced that peptones were absorbed in lesser amount than the meat, and the nitrogen-elimination very closely approached the amount ingested; while, on the casein-sodium diet, the absorption was somewhat better than that of meat diet, and elimination was much less than ingestion. Entirely replacing the meat by casein and sodium and by somatose, the results were decidedly against the latter in both particulars, the elimination exceeding the ingestion, and severe diarrhœa ensued. The casein-sodium diet had no ill results and showed an even more marked advantage over the meat than in the first experiments.

Tonsillitis.—Acute tonsillitis can be relieved in a few minutes and cured in a few days by the local application of muriate tincture iron, diluted fifty per cent. with water. For children dilute further with water, about half the strength of the above, or two parts water to one of tincture of iron. Apply with a mop two, three, seldom four, times in the twenty-four hours. Very seldom will it require to be used more than two days. Many patients need some tonic in addition, as the system is usually debilitated by absorbing fæcal matter, constipation being a feature of the complication. In fact, Nature is making an effort to rid itself of poisonous matter through the general system, and the tonsils suffer.—Medical Summary.

Origin of the Word "Deadhead."—Fifty years ago the principal avenue of Detroit, Mich., passed close to the entrance of the plank road leading to Elmwood Cemetery. As this cemetery had been laid out some time previous to the construction of the road, it was arranged that all funeral processions should be allowed to pass along the latter toll free. One day as Dr. Pierce, a well-known physician, stopped to pay his toll, he observed to the gate-keeper: "Considering the benevolent character of our profession, I think you ought to let us pass free of charge." "No, no, doctor," replied the gate-keeper; "we can't afford that. You send too many deadheads through as it is." The story traveled around the country, and the word "deadhead" was eventually applied to those who obtained free admission to the theater.—Record.

Antiseptic Treatment of Diarrhea in Infants.—For the last five years much time has been expended in seeking the part played by bacteria in infantile diarrhea. A toxic origin was suspected long before the era of microbes. Escherich was the first to settle the question of the origin upon a scientific basis, he demonstrated that the usual common cause of infantile diarrhea are the bacterium coli and the bacillus lactis. It will be easily seen how great an influence the bacillus lactis must have in the majority of cases of infantile diarrhea and how a temporary discontinuance or reduction of the milk diet will exercise a salutary effect in checking the progress of the disorder. The French claim to have tried with satisfactory results the treatment of infantile diarrhea by means of the antiseptic properties of water. The methods of procedure, which are described in Journal de Clinique et de Thérapeutique Infantile, January, 1897, are as follows: "The child is allowed no nourishment for 8-12-24 hours, and during this time it is given in small mouthfuls at half-hour intervals or

every time it is thirsty, water which has been boiled and cooled to a suitable temperature. The quantity of water administered may reach a litre and a half per day." Of course the principle of this treatment is to rest and cleanse the overworked intestines, at the same time maintaining the blood pressure by the quick absorption of the water.—Pediatrics.

Death Chair.—In a story which appears in the current number of Chapman's Magazine, Harold Child refers to the "death chair" which is in use in Gloucestershire. Many of those whose dwelling is on the banks of the Severn die of bronchitis. When the end is near and the sufferer from bronchitis can not breathe lying down, he sits over the fire propped up in the "death-chair." The high back shelters him from the draughts, and the projecting wings are meant to support his head when it falls over quietly in death. A "death-chair" stands in the best bedroom of every farmhouse, and the parson and squire each keep one to lend to cottagers in time of need.—British Medical Journal.

A Word Against Boracic Acid Powder.—The indiscriminate insufflation of powdered boracic acid into the ear for acute or chronic suppuration of the middle ear can not be too strongly condemned. A thin layer properly insufflated with a scientifically constructed powder blower, can do no harm, but pouring and shovelling it into the auditory canal in any way so as to completely fill and pack it can only be followed by deleterious results. It is such an easy way of stopping (apparently at least) a discharge from the ear quickly, that the evil consequences are entirely lost sight of. The damming back of the matter behind an almost impermeable crust of boracic acid powder that is formed, lures both the patient and the physician into the sometimes fatal error that the inflammatory condition and suppuration have ceased, when in truth they have gone on more than ever, at times even involving other, more deeply situated, parts of the ear. Taking into consideration these facts, general practitioners should certainly be more careful and discriminating in the use of the remedy.—Clinical Chronicle.

Churned Milk.—Buttermilk, which at one time was thought only fit for the hogs, as its virtues are better known is eagerly sought after, as not only a healthy but a very pleasant drink, especially by the dyspeptic and old people. Down in the vicinity of Wall street the other day we noticed a stand, around which several old men, most of them millionaires, were gathered, drinking great glasses of rich, iced buttermilk. This, one of them said, was his lunch, and he often came down town to get his drink. The lactic acid dissolves the phosphate of lime and keeps the blood in good condition, thereby preventing or retarding that ossification of tendons and arteries so common in old people.—New York Med. Journal.

Taka-Diastase.—We take the following from literature on Taka-Diastase lately issued by Messrs. Parke, Davis & Company:

"When Taka-Diastase was first produced we did not consider it probable that it could be held in solution in such a way as to make a permanent and palatable preparation without destroying the amylolytic converting power of the diastase to a certain extent. We have been experimenting in this direction, however, for upwards of a year, and early last summer found that we could make a

perfectly reliable and palatable Liquid Taka-Diastase. The question of its permanency could only be determined by time and exposing the experimental batches to varying degrees of heat.

"We have succeeded in producing just what we desired, and trust that our efforts to produce a liquid preparation of Taka Diastase, which will be found particularly acceptable to children, will meet with your approval.

"We originally instituted these experiments at the request of practitioners who had obtained satisfactory results with Taka-Diastase, whose practice being largely among women and children, often had patients complain of having to take it in powders, and asked for a liquid. Each fluidrachm contains two grains of Taka-Diastase, and, as you are aware, one grain of Taka-Diastase will convert 100 grains of starch in ten minutes under proper conditions.

"Careful experiments have appeared to indicate that the proper dose for adults of the Liquid Taka-Diastase is one teaspoonful during or immediately after meals."

Treatment of Muco-Membranous Enteritis.—Comby directs that in the treatment of this condition we shall combat the tendency to adynamia and collapse which is frequently present. If necessary we should administer saline injections. Carefully sterilized food should be employed, and different things should be tried until that most satisfactory to the child is discovered. Very often the following prescription in this condition will be found of value:

R Bicarbonate of sodium,
Calcined magnesia.....aa gr. v
Powdered nux vomica.....gr. ¼

This may be given to the patient two or three times a day according to the age. If constipation is a prominent symptom glycerin suppositories or small injections of glycerin made with a small syringe will be of value.—Ther. Gazette.

Is Amenorrhea a Conservative Process?—The editor of the Medical and Surgical Reporter says this query is not in regard to amenorrhea due to local pelvic causes and obviously within the domain of the gynecologist, but to cases occurring in severe constitutional depression. In the case of a young woman who has menstruated normally, and who ceases to menstruate without conceiving or without suffering a local inflammation or congestion, and who later develops unmistakable signs of tuberculosis, it is often said that she has run into consumption, as a result of the suppression of the menses. At present, however, the almost unanimous professional verdict is that the tubercular process has antedated and caused the amenorrhea and that efforts at forcing menstrual flow would be worse than useless.

In such cases, the ultimate prognosis is almost always bad, and the physician need not consider farther than the temporary welfare of the patient. But, in cases of profound constitutional depression which, nevertheless, afford reasonable hope of recovery, should the physician interfere to restore menstruation, or may he safely allow the amenorrhea to take care of itself so soon as nutrition has been improved and the blood has regained its store of hemoglobin?

It is very evident that a patient greatly reduced in flesh, digesting and assimilating feebly, too weak to make even slight exertions and cold and pallid from anemia, is not suffering for want of a monthly depletion.

Yet a case has recently been reported in which an intelligent gynecologist has

urged the restoration of the menses, under such circumstances, by artificial means. Does the suspension of function on the part of the uterus result in permanent impairment either of the general health or of the generative organs? Why should not the physician wait at least as long as the normal term of pregnancy before attempting to force menstruation in a patient who is obviously in no condition to lose blood and who presents no indications of pelvic disease?

These questions are not raised for the sake of leading up to a dogmatic assertion. They require careful consideration, both from the man of clinical experience and from the physiologist who builds his ideas of hygiene and therapeutics from theoretical material. Neither can afford to ignore the wisdom of the other. So, too, must the ideas of specialist and anti-specialist be weighed impartially.

A New Diphtheria Antitoxin.—The Archives des Sciences Biologiques, issued by the Imperial Institute of Experimental Medicine of St. Petersburg, contains some interesting information respecting the researches carried out by Dr. Smirnow on a new method of obtaining a diphtheria antitoxin of considerable therapeutical activity. The object which Dr. Smirnow had in view was to reduce the time and the expense involved by the present method of preparing the serum, and the method which he alighted upon was the electrolysis of virulent diphtheria broth cultivations. By this means he has succeeded in obtaining an antitoxin of great power, wihch gives excellent results even when employed in much smaller doses than those at present found necessary with the ordinary horse serum. He states that even in advanced cases of the disease the injection of from one-half to one cubic centimeter enables the animal to resist the inoculated disease without marked reaction, either general or local. It seems that the new antitoxin is itself quite innocuous, for guinea-pigs can withstand with impunity doses ten times as strong as those required for curative purposes.—The Medical Press.

Gastric Catarrh.— The diagnosis and treatment of gastric catarrh depends now more on careful laboratory methods rather than on the examination of the tongue. An offhand opinion is worth nothing at the present day. Dr. Frank H. Murdoch relates in the New York Medical Journal several cases of gastric catarrh, from which he draws the following conclusions:

1. We can not diagnosticate chronic gastric catarrh without making an examination of the stomach contents.

2. It is often necessary to make more than one examination.

3. Appropriate treatment will in very many cases arrest the disease and restore the glands to a healthy condition.

4. The most important factors in the treatment are diet, the bitter tonics, electricity and lavage.

Microbial Cure for Rabbit Pest.—The Medical and Surgical Reporter says that the use of the microbes of chicken cholera is, according to Nature, after all likely to be resorted to in dealing with the rabbit pest in New South Wales. When this plan was originally suggested by Pasteur, reluctance was felt to introduce a new disease into the colony. But the Government bacteriologist has recently shown that chicken cholera does exist both in New South Wales and Queensland, and he described in detail various scientific investigations, the results of which place the matter beyond doubt. Extensive experiments prove the efficacy of this

method of destroying rabbits to be very great, and the Government has therefore been recommended to grant permission to persons who suffer from the depredations of the animals to utilize this novel means of suppressing them. It has been calculated that two gallons of broth infected with chicken cholera microbe is sufficient to destroy at least 20,000 rabbits irrespective of infection induced by contagion.

Effects of Tobacco Smoke Upon the System.—Analysis of tobacco smoke shows it to be composed of water, free carbon, ammonia compounds, carbonic acid, and nicotine. The last is a complex substance, which, when analyzed, is found to contain a fluid alkaloid—nicotine proper—a volatile substance containing ammonia, and a bitter resinous extract.

The effect of these substances on the blood is to render it thinner and paler. The number of red blood-cells are diminished, and their form being also changed, and their oxygen-carrying power diminished.

The effect upon the heart is to produce functional derangement producing irregularity of action.

The nervous system is also affected, the sight is impaired by the poisons, causing paralysis of the nerves controlling the muscles of the iris. In extreme cases, convulsions and paralysis occur as a result of the action of the poisons upon the nervous system. The secretions are also disturbed, and as a result there is frequently a distressing over-secretion of the salivary glands. These secretions, being frequently swallowed, produce irritation of the stomach, and as a result dyspepsia and loss of appetite.

The teeth become discolored from the deposit of free carbon upon them. The free carbon is also inhaled into the lungs, causing an irritation.—Pediatrics.

Prevention of Consumption.—Dr. S. A. Knopf, of New York, in an article to the Medical Record says:

"I think the secret of prevention of pulmonary tuberculosis is really in the use of the pocket spittoon. A practical one you see here. It is a pocket flask about four inches long and six inches in its largest circumference, provided with a hermetically closing top and bottom, and so constructed that it can easily be thoroughly cleaned. The touch of a spring causes the top to fly open to receive the intended deposit, and pressure of the lid causes it to close again with a snap.

"If we can provide all our patients with such a flask, or a similar one, and teach them the laws of the communicability of tuberculosis we will be able to tell the relatives of the consumptive that they do not need to fear, for consumption is not a contagious disease. But we must impress upon the minds of the patients and their friends the danger of carelessness with the expectoration and other secretions.

"With a proper hygienic and dietetic treatment and under the careful guidance of the physician we can hold out to them the hope of recovery in a goodly number of cases. It is our duty to consider and treat consumption as a highly communicable disease, and since a great many people are tuberculous without being aware of the fact, I think it would be a good thing if the habit of expectorating anywhere except in a proper receptacle could be stopped by some law. I hope and pray the time may come when expectorating in a handkerchief will be considered ill-mannered, expectorating on the street or on the floor of any public or

private building criminal, and expectorating in a neat pocket-flask the sign of good breeding and refinement."

Persistent Vomiting in Infants.—The August number of the South African Medical Journal contains an article by Mr. H. Aylmer Dumat on the frequency of this symptom in infants. It is generally due, he thinks, to catarrh of the stomach caused by the absorption, along with some article of diet, of microbes, which, breeding in the stomach, produce an irritant ptomaine. Although the repeated emesis must get rid of much of the irritant, he says, there always is enough left to continue the process.

The aim in treatment should be, not to soothe the gastric mucous membrane, as we do with hydrocyanic acid and with bismuth; not to simply neutralize the acid generally present, as we do with soda; not to counterirritate over the epigastrium, as we do with mustard plasters; all very good remedies in their way, and often useful, but remedies which do not strike at the root of the matter. Our aim should be to wash out and disinfect the stomach.

The author states that he has been long accustomed to order a large draught of warm water, which is generally brought up immediately, and then a mixture of creosote, which acts as an antiseptic and an anodyne to the gastric mucous membrane.

This plan, he says, is successful, but he thinks it would be better to wash out the stomach with an antiseptic first, and then give a simple anodyne to soothe the congestion which is likely to be left behind in the gastric mucous membrane.

He has lately employed with much success a weak solution of lactic acid of the strength of 1 in 240 for infants. The drug is mixed with glycerin in the proportion of four minims of the acid to a drachm of glycerin, and the nurse is instructed to mix a drachm of this solution with fifteen drachms of water. This can be flavored with orange-flower or peppermint water, and makes a not unpleasant drink. Anyhow, thirst being a prominent symptom, the patient readily swallows the two ounces of fluid, and promptly brings up most or all of it, along with a quantity of mucus. The dose is to be repeated within an hour or two. It is again thrown up, in all probability, but this time the washings are not so dirty; and the third and fourth times the washings, if they come up at all, are clean.

Then it is well to give a gastric anodyne, such as a mixture of hydrocyanic acid, bismuth and chloroform water, and, when two or three doses of this have been retained, to allow a small quantity of broth, barely water, or albuminous water.

Mr. Dumat cites a few cases in which he has employed this treatment, with equally satisfactory results in all.—N. Y. Med. Jour.

Opium in Diarrheas of Children.—In no other condition is so much discrimination demanded. It is contraindicated in the first stages of acute diarrhœa, before the intestinal canal has been freed from decomposing matter; when the passages are infrequent and of bad odor; where there is a high temperature or cerebral symptoms are present; when its use is followed by elevation of temperature or the passages become more offensive—symptoms which indicate toxic infection from putrefying intestinal contents. It is indicated when the passages are frequent, with pain; when the passages are large and watery; in dysenteric diarrhœa, together with castor oil or a saline; in late stages, with small, frequent, nagging passages; when the passages consist largely

of undigested food, and the bowels act as soon as food is taken into the stomach.

The locking up of putrefying matter in the intestinal canal by opium violates every right principle of practice. Diarrhœa is a conservative process, and frequent movements should be encouraged. Opium arrests intestinal movements and prevents the elimination of toxic materials, and thus may give rise to grave symptoms of intoxication and sepsis.

The dose should be as small as possible, sufficient being given to relieve pain and check peristalsis. It should not be added to the ordinary diarrhœa mixture, to be repeated at short intervals, but be given alone, and at intervals sufficient to allow the effect of one dose to partially subside before the next is administered. This interval will be rarely less than four hours.—Pediatrics.

For Anointing the Fingers.—Soft soap is preferable to vaseline for anointing the fingers before making vaginal examination and for lubricating the vaginal speculum. It is prepared by dissolving castile-soap shavings in warm water. If the vessel containing the soft soap be surrounded by hot water for a few minutes before it is used, the contents will be of thin consistence, resembling olive oil. The advantages of using this emollient are that it helps to clean the vaginal mucous membrane and readily washes off when it is desired to medicate.—Talley, in the Record.

Some Water Uses Well to Remember.—The Phrenological Journal gives the following useful hints on the applications of water in severe attacks of illness. The adult members of a family should keep them in mind for an emergency:

A strip of flannel or a soft napkin, folded lengthwise and dipped in hot water and wrung out, and then applied around the neck of a child that has the croup, will usually bring relief in a few minutes.

A proper towel folded several times, and dipped in hot water, quickly wrung and applied over the site of toothache or neuralgia, will generally afford prompt relief.

This treatment for colic has been found to work like magic.

Nothing so promptly cuts short a congestion of the lungs, sore throat or rheumatism, as hot water, when applied early in the case and thoroughly.

Hot water taken freely half an hour before bedtime is an excellent cathartic in the case of constipation, while it has a soothing effect upon the stomach and bowels.

This treatment, continued a few months, with the addition of a cup of hot water slowly sipped half an hour before each meal, with proper attention to diet, will cure most cases of dyspepsia.

Ordinary headaches almost always yield to the simultaneous application of hot water to the feet and back of the neck.—Scientific American.

Treatment of Vomiting by Menthol.—

R Menthol.....gr. ij
Hydrochlorate of cocaine.....gr. iv
Alcohol.....ʒij
Syrup.....ʒj
M. Sig.—A small teaspoonful every half hour until several doses are taken.

The following may also be used in case of the vomiting of tuberculosis:

R Menthol.....gr. iv
Syrup.....ʒv
M. Sig.—Shake well before using and give two to three teaspoonfuls at short intervals after each meal.

This treatment is an excellent one to follow the use of chloroform-water or ice.

According to Ferrand in some cases of spasmodic vomiting it is useful to apply the following solution to the pharyngeal wall by means of a cotton compress:

R Bromide of potassium.....gr. lxxv
Glycerin.....℥ij

Such an application should be made after each meal to diminish the sensibility of the pharynx.—Therapeutic Gazette.

The Physical and Hygienic Care of Children.—The physical and hygienic care of children plays a most important part in the domain of medical science. At the present time more care is given to the mental development of children than to their physical education and hygienic surroundings. The cause for this seems to be due to the fact that teachers and parents know little or nothing about physiology, anatomy and hygiene. The knowledge of these subjects is very important and is especially needed by those who are interested and closely connected with pedagogy. If teachers and parents once recognized that as much, if not more, importance should be attached to the physical and hygienic welfare of children we should not see so many weak, delicate and deformed cases.

It is pitiable that the physiques of thousands of children are absolutely neglected, especially when the medical man knows perfectly well that more care in this respect would make a brighter and more active mind.

Parents and school-teachers who are ignorant of the effects of exercise on the circulation of the blood can not possibly understand the benefits of physical work in reference to improving and strengthening the constitutions of children. They will also be more ignorant of these effects unless they understand the metabolic changes brought about in the different organs and tissues of the body by physical and hygienic conditions.

The physical and hygienic care of children should not be entrusted, as it now is in the vast majority of cases, to a quack, because great harm and severe injury is very likely to be the result. It is just as essential to entrust the physical and hygienic care of a child to a specialist as it is to entrust a surgical operation to the skill of an expert surgeon. The reason so much precaution should be taken is that unless a physician thoroughly understands the effects of physical exercise he is extremely liable to do more harm than good; the result being that physical exercise is condemned when the condemnation should be attributed to the ignorance of the physician. Physical exercise properly prescribed will never be productive of anything but good results and these results are a great benefit to children, especially where the specialist is dealing with a weak, diseased or deformed patient.

It is far better, in cases where it is applicable, to prescribe physical exercise for children than to use a drug because exercise is a natural means of altering, strengthening and developing the different tissues in the body; while drugs are unnatural and employed for the most part to change pathologic to physiologic conditions. There is no safer means of strengthening the constitution of weak and delicate children than by exercise, because by this means every organ and tissue in the body receives new blood and receiving new blood is greatly benefited when auxiliary conditions of diet, sleep, ventilation, clothing, bathing and sunlight are added.

If physicians, who are consulted in reference to the physiques of delicate children, would ask themselves the question, "Am I fitted to prescribe exercise

for these children?" and then carefully consider the needs of such patients and send them to a specialist, much better results would be obtained. Instead of doing this, these children are sent to a gymnasium, where in the vast majority of cases the instructor knows absolutely nothing about medicine, the results after a time being overwork, disease or deformity. Many physicians have no other idea of a gymnasium than as a place where one can get "some" kind of exercise and, in addition, do not know for what purpose each piece of apparatus has been made.

There is ample reason why a physician who is not a specialist in physical culture is not capable of prescribing physical exercise for his patients. In the first place not being familiar with the different methods of prescribing exercise, he can not tell what kind of exercise to give; secondly not knowing the effects of these exercises he will be absolutely incapacitated to prescribe the proper amount; thirdly he will not be able to recognize the early symptoms of overwork when they manifest themselves; fourthly he will not know to take and arrange anthropometric measurements; fifthly not observing his patients when they are exercising he will not know whether the proper muscles are used or what the effect upon the heart, lungs and nervous system is. These questions are of prime importance and it would be much safer for the doctor not to prescribe exercise for his patients and then send them to a gymnasium where the above considerations are never taken into acount.

On the other hand when a physician sends these children to a specialist it is the duty of the specialist to consult with the physician by whom such patients have been sent and under no conditions should the specialist prescribe a drug of any kind because he will not understand how to prescribe for these patients so intelligently as the family physician.

Some physicians may think it is not necessary for them to possess special knowledge in prescribing physical exercise for their patients; but no one will assume for a moment that he is worthy to be called an ophthalmologist, aurist, gynecologist or surgeon unless he has made an especial study of these branches.

Physical education has had a wonderful growth in the United States in the last decade and it is a pity that few physicians and gymnastic professors (so called) recognize the vast amount of knowledge required to fit one to be a specialist in physical culture. The benefits resulting from physical exercise correctly applied are beyond measure, and the tonic effect is much better than that of drugs. The specialist in physical culture should know the effects of every kind of exercise he prescribes, i. e., whether the nervous system is to be affected chiefly or whether the muscular system, the respiratory apparatus or the bony framework is the part called upon to perform the major part of the work.

In addition the hygienic surroundings of children should be most carefully observed, and every thing pertaining to their improvement should be most rigidly carried out.

Diet plays no small part in this respect and the food should be most nutritious, and easily digested. Under no conditions should any food be prescribed that will in any way tax the digestive functions; and in many cases the physician must insist that the diet shall consist of nothing but milk. Physical results are often negative when diet is overlooked, because the gastro-intestinal canal does not perform the digestive functions properly and the patient instead of being

benefited by his exercise, as he should be, finds that disease, as for example dyspepsia, is the result. Care should be exercised by the specialist in physical culture in allowing a sufficient time to elapse, in these cases, between the time food is taken and the period at which exercise begins.

If exercise be indulged in too soon after eating, great injury may result because the digestive organs will not receive an amount of blood sufficient to supply the process of digestion completely, the result being that the food is incompletely oxidized in consequence of which many diseases arise.

Bathing is also very essential in reference to the hygienic care of children. Baths of one sort or another are productive of good or bad results, according to the intelligence with which they are prescribed. There are few children for whom exactly the same kind of a bath may be prescribed. Their constitutions differ so widely that it is necessary when prescribing a bath to inquire very closely into their family history and regulate the kind and temperature of the bath accordingly.

It is also important to regulate the number of baths. In most cases one bath a day will be sufficient, yet in some cases a bath every other day or twice a week will suffice. The time spent in bathing is a factor needing the closest attention, because if these children are allowed to bathe or be bathed regardless of the length of time a chill, depression or shock, may be the result, and in consequence the nervous system may suffer greatly. The physician who makes a specialty of the physical development of children should be thoroughly posted on all matters pertaining to the different kinds of baths and to the method of prescribing them. A bath wrongly prescribed especially in the case of weak, delicate and diseased children is often as productive of injurious results as a drug given in an overdose.

Strict attention should be paid to the manner in which these children are dressed. Many parents dress their children according to the season of the year, no matter what the temperature of the weather may be, and in so doing a cold results which often leads to some bronchial or pulmonary trouble. If they would dress their children according to the temperature and not according to the season of the year these troubles would not occur.

Massage is another important topic in reference to the physical and hygienic care of children, being one of the best means the physician has for aiding him in the cure of these cases. The doctor should be so conversant with massage that he may prescribe the special kind of rubbing needed for each case. The man who is a masseur and not a doctor needs especially to be guided in rubbing these patients; yet if the physician be ignorant of the different technical ways of using massage how can he prescribe massage intelligently?—The Journal.

A Feat of Memory.—The purely intellectual attribute we call memory, which "is not a function, but only a resultant due to the concurrence of the various elementary functions of the mind," is capable of almost illimitable development, as Max Müller's accounts of the recitations of the Brahmins or Sir William Hamilton's references to the feats of the humanists of the Renaissance sufficiently demonstrate. Both the philologist and the metaphysician, however, are at one in thinking that the habits of the present time—above all the desultory, particularly the ephemeral, reading now

well-nigh universal—are not favorable to such feats. Indeed, Max Müller says that the daily perusal of the Times for ten years would have sufficed to impair the strongest memory ever Brahmin possessed. That the feats, however, of a Scaliger or a Lipsius are, even at the close of the nineteenth century, quite possible, was demonstrated the other day at Sondrio (capital of the Valtellina), where the advocate Signor Edoë, professor in the Instituto di San Lorenzo, repeated, for a wager, in twenty hours consecutively—from 6 p. m. till 2 p. m. of the next day—without prompting or aid of any sort, the entire "Divina Commedia" of Dante. The achievement came off in presence of a committee of brother professors and literary men, who afterward entertained the performer at a banquet, not unwelcome, one would imagine, to either party after such an effort of brain tension and vocal articulation on the one hand, and sustained surveillance *ad aperturam libri* on the other. The "Divina Commedia," I need hardly remind the reader, consists of nearly a hundred cantos, and of all poetical compositions is the least diffuse—characterized, that is to say, by the closest condensation of thought and expression. The late Duke of Sermoneta (Sir Walter Scott's *fidus Achates* on his memorable visit to Rome in 1832) could also repeat the "Divina Commedia" from first to last, but that was the result of lifelong study, not, as in Signor Edoë's case, the outcome of comparatively short preparation, begun and ended for the purpose of winning a wager.—Rome Correspondent of The Lancet.

Mode of Infection in Malarial Fevers.—Laveran, the claims of whose *Plasmodium* to be considered the specific microbe of malaria have almost entirely superseded those of the bacillus of Tommaisi-Crudeli in the opinion of the highest authorities, including even the original workers in this field in Italy, has recently attacked the time-honored beliefs, as to the means by which the *materies* or *causa morbi* gains access to the human body. He rejects aerial infection as improbable, considers drinking water a possible vehicle, though not proven, and is inclined to the view that mosquitoes are the efficient agent in this as in Texas fever, and in the case of *Filaria sanguinis*.

He argues that all the usual precautionary measures, as avoidance of night air, sleeping in upper stories, the lighting of smoky fires by parties compelled to camp out, and even the drainage and

drying of the soil, are one and all, though unconsciously, calculated to avert the attacks of gnats and mosquitoes. This seems in the highest degree probable; but it is, we think, impossible to deny the danger of drinking marsh waters in malarious districts without previous boiling, for it is but reasonable to suppose that the plasmodium has its native habitat in the water and damp soil, whence it enters the bodies of gnats, and is by them transplanted into those of man, most animals being protected against the bites of mosquitoes by their hairy or woolly coats and thicker skins. We may, in passing, express our belief that the part played by insects, especially the common fly, in the conveyance of infection is not appreciated as it should be, and that many cases of erysipelas, small-pox, measles, etc., the origin of which cannot otherwise be accounted for, might find in this an early explanation.—Codex Medicus.

Functional Insomnia.—In discussing the treatment of those cases of functional insomnia in which the patient after falling asleep, awakes in an hour or two and is unable to sleep for the rest of the night, Dr. Samger Brown (Twentieth Century Practice of Medicine, Vol. X., 1897) remarks as follows: "When sleep intervenes promptly upon retiring and lasts for three or four hours the administration of hypnotics is rarely advisable, because very large doses are then required to produce the desired effect, and when rising time comes, the condition of the patient is manifestly worse than it would otherwise have been. In such cases it is better for the patient to make himself as comfortable as he can under the circumstances. If he is not easy as he lies in bed, he may divert himself by light reading and moving about his room, in the meantime taking a light meal, as a glass of milk or beer with soda biscuit; thus it will often happen after an hour or two he can rest comfortably in bed again, though he may not fall asleep. Indeed on retiring a second time, all the non-medicinal measures previously mentioned may be resorted to.

"If sleep is manifestly too brief, then a maximum dose of some hypnotic should be given on retiring, when waking will be postponed frequently several hours. If this is done several times a week, needed rest will be afforded while the bad sleep habit will be broken in upon. For this purpose sulfonal has the advantage of other hypnotics in the fact that its influence is delayed for an hour or more after its administration. In pronounced functional insomnia the physician will have an opportunity of testing several different hypnotics, and even though he should find each of them equally well suited to the case, more or less frequent changes will be found to enhance the effect of each by preventing the establishment of a tolerance."

Turkish Soldiers and Total Abstinence.—That the Turkish peasantry are, as a rule, abstemious, eating little meat, drinking no alcohol, and that the same, or an even more rigid regimen, is continued when they become soldiers, are well-known facts. That a vegetarian diet prevents ferocity is, therefore, not borne out by this wholesale illustration, for there are no more fierce or more tenacious warriors in the world. It is true that the Turks are not quarrelsome, but in war they are tireless fighters. On the other hand, their endurance, their persistence, their ability to take long marches without food, and to fight without food or rest, as well as the extraordinary recuperative force shown by their wounded, seem to be attested by all ob-

servers, and the conclusion that neither animal food nor alcohol is necessary to the highest health of human beings, seems justifiable.—Phila. Polyclinic.

The Increase of Cancer.—Dr. Roswell Park, of Buffalo, gave an address before the meeting of the Michigan State Medical Society, in which he discussed the prevalence and the increase of cancer. He said that in 1840 in England, the proportion of deaths from cancer to the total mortality rate was 1 in 129; in 1880 this had risen to 1 in 28, which shows that in England the death rate from cancer is now about four times greater than fifty years ago. Williams estimates that at least 40,000 persons are now suffering from cancer in England and Wales, whereas in 1840 the number was only about 5,500. Should the disease increase in the future at the same relative rate, it will become one of the commonest of all. This augmented mortality corresponds with increase of population in wealth and improvement in general sanitary conditions. In Ireland, where this happy condition of affairs does not obtain to a corresponding extent, the cancer death rate has been much smaller and has shown no such marked increase. In 1861, in England, there were 376 deaths from cancer to the million of population; twenty-five years later there were 610. During this quarter of a century the number of deaths from phthisis per million has diminished to three-fifths of the number at its commencement.

In the twenty years from 1870 to 1890 the increase in mortality from cancer in England is as follows: In 1870, 384 to the million; in 1880, 468; in 1890, 590. Accepting these published figures from the registrar-general's report, it would appear that the mortality has increased by 53 per cent. Nevertheless, it is not quite so bad as this, because the diagnosis of obscure cases is now more accurate than it was twenty-five years ago.

From a tabulation of the deaths within our own State of New York during ten years, from 1885 to 1895, I find that during this time there have been reported 30,692 deaths from cancer. Doubtless in a few of these cases there may have been a mistake in diagnosis, which will, how-

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ever, be abundantly atoned for, and more, by the deaths which were really due to cancer and ascribed to some other cause. In 1885 there were 1,882 deaths from this cause; in 1890, 2,878; and in 1895, 3,454. In other words, in the last year of this decade the total number of deaths from cancer was twice that of its first year—which may be interpreted as meaning that the death rate has increased much more rapidly than has the population. During this same decade, also, the number of deaths from all causes has increased only from 80,000 to 121,000. During the last five years of this decade epidemic influenza alone caused 35,000 of the 121,000 deaths. It will therefore be seen how rapidly the cancer death rate is creeping up.

In 1892 Haviland published a monograph, in London, on the "Geographical Description of Heart Disease, Cancer, and Phthisis in England and Wales," in which he maintained that where cancer is most prevalent the country is low and traversed by rivers, which frequently flood the adjoining country; whereas cancer is relatively scarce in mountainous regions or where floods do not occur, and where the subsoil is either hard or absorbent. Thus he found that the Thames runs through a vast cancer field, excepting only where the chalk crops out. Williams, however, states that this cannot be true of all low-lying countries, and seeks to explain the prevalence of the disease in the valley of the Thames by conditions of life peculiar to its population. He calls attention to the fact that cancer mortality is lowest where the struggle for existence is hardest, the population densest, the general mortality highest, the average duration of life shortest, where sanitation is least perfect, and the death rate from tuberculosis highest—in other words, among the working classes—whereas the cancer mortality is greatest among the agricultural community, where people are well-to-do, and where the standard of health is highest and of life easiest. He believes the most potent factors in the causation of cancer to be high feeding and easy living, and that the farmer is in general better off than the city laborer, but more liable to cancer. So, too, in London, where the cancer rate is highest, it is significant that this is particularly true of those parts where the wealthy most abound.—[The whole address is given in a recent number of The Record.]

Creosote in Pneumonia.—This drug is a cardiac and nervine stimulant. In twenty-six cases of pneumonia, forming part of a somewhat serious epidemic, it was given on the third day of the disease and all recovered. Some were treated with creosote, in tincture of gentian, alone; in others this was supplemented by digitalis or caffeine in small doses. The cases treated with creosote recovered more rapidly and more thoroughly than those treated in other ways. I pushed the drug boldly, but never saw any unpleasant symptoms follow its use. —British Medical Journal.

Perpetual Motion.—A new industry will be started at Freeport, Illinois, says an exchange, on a quarter section of land. An enterprising farmer will establish a thousand black cats, and five thousand rats on which to feed the cats, estimating that the cats will increase fifteen thousand in two years, their skins being worth a dollar each. The rats will multiply five times as fast as the cats and will be used to feed the cats, while the skinned cats will furnish food for the rats. Thus has perpetual motion been discovered at last.—Lippincott's Magazine.

Items.

Dr. Pepper says that twenty cases to one of appendicitis are cured permanently without operation.

Parvin says that when a woman frequently aborts and no cause can be found, give her antisyphilitic treatment.

Dr. S. Weir Mitchell is inclined to believe that our insane asylums are not curing as many patients as they should. We did not know they cured any!

The Medical Age recommends, in pharyngitis, a mild gargle. A solution of borax flavored with extract of liquorice, will generally be found more beneficial than one of greater astringent character.

Dr. Davis, of the Philadelphia Polyclinic, says that the ordinary uterine dressing forceps, with the thread filed smooth, is suitable for packing the uterus, as it has no tendency to bring the gauze with it when withdrawn.

The Medical Times says that in using carbolic acid in infants always be on guard against poisoning. The first evidence is shown by the urine, which leaves a pink stain on the napkins after being exposed to the air for half an hour.

The following is one of the rules at the Clifton Dispensary: After a case of tedious labor, an iodoform pessary is to be inserted in the vagina. A similar pessary is to be used night and morning for the first three days, and once in twenty-four hours for the next six days.

Keen says that an able surgeon never fears hemorrhage from an open wound. It is to him a frank enemy. Concealed hemorrhage is the thief that comes in the night. In large dissections ligate the larger central vessels in the wound, so far as possible, and many bleeding points may be checked by a single ligation.

In a recent paper, Lawson Tait enforces the statement previously made by him that Robert Houston, of Glascow, performed the first ovariotomy. This was in 1701, and Tait says he could not improve much on the technique of the operation to-day. The patient made an uneventful recovery.

The Bulletin says that Dr. Leuriaux, of Brussels, recently communicated to the Paris Acad. de Méd., his success with insufflation of a powder composed of these substances which he considers an absolute specific. He reported twenty-six observations in detail, and stated that he had been observing its action in more than 200 cases. He ascribes the disease to an infective nasopharyngeal catarrh, which can be checked by the insufflations, while the tracheobronchic troubles are merely ulterior complications.

Dr. Wells, of the Philadelphia Polyclinic, in a recent discussion on summer diarrhea in infants, called attention to the necessity of instant removal of milk as an article of diet, should diarrhea and vomiting appear. To continue feeding an infant on milk under these conditions, is worse than foolish, and is adding fuel to a flame. These infants should receive no food for from twelve to twenty-four hours, but they may be given a few drops of brandy in sterilized water. At the end of this time, a little freshly prepared beef-juice, panopepeton or albumen water may be used every three or four hours, with benefit, and in forty-eight to seventy-two hours, if vomiting and diarrhea have entirely ceased, a mild formula, low in proteids and fats, may be tried, and, if no bad symptoms follow, may be repeated. Proper medicinal treatment should, of course, be used.

Favorite Prescriptions.

These prescriptions are taken from our exchanges of the past month.

Leucorrhea.

℞ Tinct. belladonna.....℥jss
Aletris cordial (Rio).....℥viij
M. Sig.—A teaspoonful three times daily after meals.

Acute Coryza.

℞ Menthol.....gr. xxx
Chloroform.....℥v
M. Sig.—Inhale four or five drops, rubbed on to palms of hands, several times a day.

Expectorant Mixture.

℞ Syrup of ipecac.....8 to 10 parts
Syrup of tolu,
Brandy or rum.....āā 20 parts
Potassium bromide.....1 part
Linden water.....75 parts
M. Sig.—A tablespoonful every two hours.

Ointment for Pruritus.

℞ Mentholi.....℥i
Cerat. simplicis.....℥ ii
Ol. amygdal dulcis.....℥ i
Ac. carbolici.....℥i
Pulv. zinci oxidi.....℥ ii
M. Sig.—Apply morning, noon and night, after cleaning the parts.

Follicular Pharyngitis.

℞ Iodin. pur.....gr. iij
Potass. iodid.....gr. v
Acid trichloracetic.....gr. vij
Glycerine,
Aq. dest.....āā ℥ss
M. Sig.—This can be used in varying strengths according to the nature of the case.

Acute Gastric Catarrh.

℞ Bismuth. subnitrat.....gr. x
Pot. brom.....gr. xv-xx
Acid. hydrocyan. dil.....mv
Sp. chloroform.....mx
Mucilag. acac.....℥ij
Aquæ.....q.s. ad ℥j
M. Sig.—To be taken every three hours about ten minutes before food.

Erysipelas of the Face.

℞ Carbolic acid,
Tincture of iodine,
Alcohol.....āā 30 grammes
Oil of turpentine.....60 grammes
Glycerin.....90 grammes
M. Sig.—The lesions are to be painted with this liniment every two hours, and covered with aseptic tarlatan.

Critical Comments.

A Happy Thought.

Sept. 25th, 1897.

Messrs. John Carle & Sons, New York.

Dear Sirs:—I have recently used the Imperial Granum with very gratifying results, being called in consultation, when death seemed imminent, to see a child that could retain nothing whatever on its stomach. I remembered my samples of Imperial Granum and ordered it tried at once, and it was retained. The child has not vomited since, the bowels are quiet, and the patient on the road to recovery. I have also recently used the Imperial Granum in a case of typhoid fever with equally satisfactory results.

Yours very truly,

——— ——— M. D.

Physicians can obtain samples of this valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water street, New York City.

"Grip."—C. A. Bryce, A. M., M. D., Richmond, Va., editor of The Southern Clinic, in writing upon the above subject, during an epidemic of la grippe, said:

"For the past four weeks or more, we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in all, the nervous system has been seriously depressed.

"The fatalities from pneumonia, meningitis, and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine or calomel and salol. We have found much benefit from the use of antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from antikamnia and codeine. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

Maltzyme.—The Malt-Diastase Co. of New York is the product of the intellectual activity of one of the most genial of men, Dr. C. C. Fite. One of their products is maltzyme. Maltzyme (plain) is a diastasic essence of malt, extracted and concentrated by a new process. As it contains a larger proportion of diastase than any kindred preparation, a tablespoonful will, in ordinary cases, be found sufficient for adults; children in proportion. It should be administered during or immediately after meals.

Maltzyme is nutritive as well as highly diastasic because it contains not only the proper amount of digested carbohydrates and nitrogenous material, but also the phosphates of the grain.

Maltzyme will be found an invaluable remedy for starchy indigestion, and is especially indicated in the treatment of children whose puny development and lack of vigor may be attributed to the imperfect assimilation of starchy and vegetable foods. In such cases Maltzyme will cause prompt increase in weight and dispel the irritability so often due to indigestion. For the combinations of this valuable remedy ask the home office, No. 1 Madison Ave., New York City.

SPECIAL APPLICATIONS OF SCHERING'S DISINFECTING LAMP.—The disinfectant lamp may be used with advantage under the following circumstances:

In close living-rooms with damp walls; in sleeping rooms; sick rooms; rooms where dead bodies have lain; in ships' cabins; in railway-sleepers; in railway-carriages and waiting-rooms; in hotels and lodgings (important when travelling or in the country); in schools; in libraries; in business places; in restaurants; in privies (especially where there is no flow of water, or an insufficient one, as in small towns and in the country); in urinals, etc.

Also in meat markets, meat cellars; fish, game and poultry stores; slaughter houses, pantries (especially in the country where considerable quantities of meat, etc., must be kept for a varying time), milk cellars, etc.

The results of such use of the Schering Disinfectant Lamp are absolutely surprising.

It must again be emphatically stated that the Formalin odor does not, like most of the fumigating materials, merely cover up foul smells; it absolutely destroys them. And even a very small amount of Formalin suffices for that purpose. In living-rooms the vaporization of a few pastils, one to three only, will effect the deodorization. According to the effect that is desired, the vaporization may be made to proceed quickly or slowly. The disinfectant and deodorizing lamp can be so regulated that the vaporization of a single pastil takes from three to four hours.

The deodorization of sick rooms by means of the lamp effects a noticeable and very agreeable change. When properly regulated the Formalin odor is hardly perceptible, and does not cause the least trouble to the occupants of the apartment. It is pleasant to remain in a room that is being thus deodorized, and the patient as well as his attendants appreciate the advantage of breathing a healthy atmosphere.

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Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

Promotes appetite, increases assimilation and does not constipate.

Indicated in Phthisis, Bronchitis, Anaemia, Malnutrition, Melancholia, Nervous Prostration, Catarrhal Conditions, General Malaise.

THE PURDUE FREDERICK CO.,

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Write for Samples.

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime;
THE OXIDIZING AGENTS—Iron and Manganese;
THE TONICS—Quinine and strychnine;
AND THE VITALIZING CONSTITUENT—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS, and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

IT HAS GAINED A WIDE REPUTATION, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

ITS CURATIVE POWER is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

ITS ACTION IS PROMPT, it stimulates the appetite and the digestion; it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy, *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact also that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Medical Letters may be addressed to:

MR. FELLOWS, 48 Vesey Street, New York